



Outpatient, Not Out of Risk: Tackling Infection Prevention in the Ambulatory Setting

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Presentation Outline

- Ambulatory Overview
- Ambulatory Isolation Precautions
- Ambulatory Exposures & Outbreaks
- Ambulatory High-Level Disinfection (HLD) & Sterilization
- Ambulatory Surgical Site Infection Surveillance
- Ambulatory Construction & Facilities
- Other Ambulatory Considerations
- Summary

HENRY FORD HEALTH
Infection Prevention & Control

Disclosure:

We have no actual or potential conflicts of interest in relation to this presentation

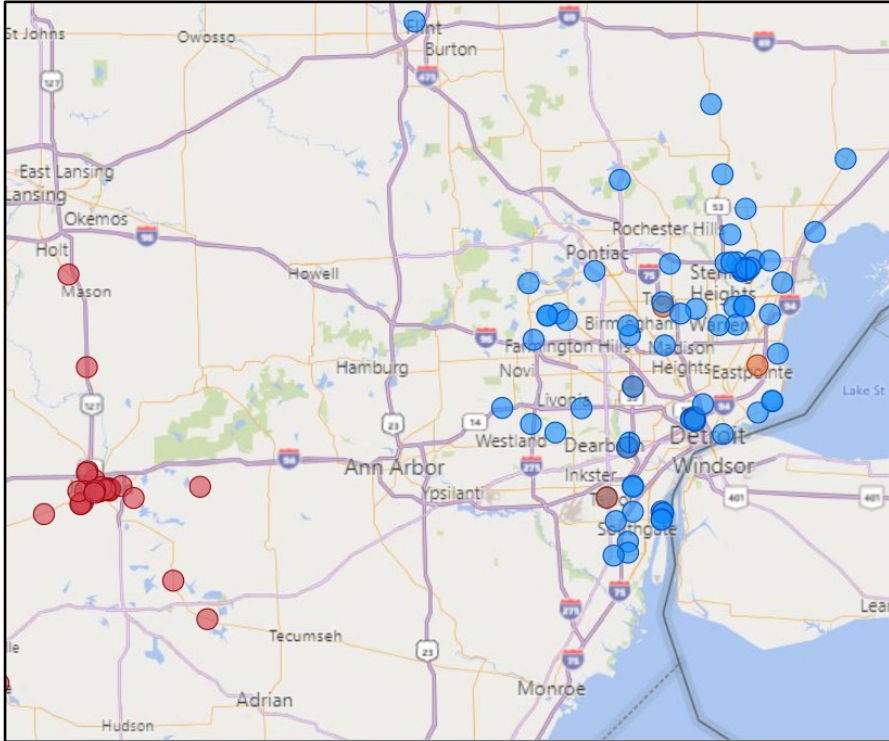
Outpatient, Not Out of Risk

Ambulatory Overview

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Henry Ford Health: An Overview



- ~50k employees (+17k Legacy Ascension employees added since merger)
- Large Legacy Henry Ford Health Ambulatory footprint
 - ~150 buildings
 - ~1000 clinics & procedural areas
 - 7 Ambulatory Surgery Centers
 - 5 freestanding EDs
 - Dialysis
 - Home Care
 - Retail (OptimEyes)
 - HF Provider Network – Affiliated private providers
- Ambulatory footprint expanding with Joint Ventures with Legacy Ascension & MSU (+>100 Legacy Ascension sites, +20 MSU sites)

Meet the Henry Ford Health Ambulatory IC Team!

Areas	Team Member
System Ambulatory (rotating 24/7 IC on-call assistance)	Cincy Dover (Manager)
	Jessica Kirkpatrick
	Nicole Savard
	Jill Girardot
	Amber Lee
	Breanne Curry (Jackson)
	Amanda Hagedorn
	Amber Conley



- 6 CICs
- Combined 60 years of experience
- All team members started inpatient
- 2024 APIC Heroes of Infection Prevention Award Recipients

Inpatient Visits vs. Outpatient



- As of 2019, 5.9% of people aged 1-64 had a hospital visit in the past year

Whereas...

- 85% of adults had an annual visit with a doctor or health care professional
- The annual rate of visits is 3.2 per person
- More than three-quarters of all operations in the United States are performed in settings outside of the hospital
- Per CDC, *"Compared to inpatient acute care settings, outpatient settings have traditionally lacked infrastructure and resources to support infection prevention and surveillance activities"*

Comparing Inpatient vs. Outpatient

Inpatient	Outpatient
Location - usually all on one campus	Location - sites are spread out over a wide geographic area, impacts ability to standardize
Dedicated resources (e.g., Supply Chain, IP&C, Risk, Employee Health & Safety, Regulatory, Emergency Management, etc.)	Few dedicated resources. Typically rely on hospitals for support when possible
Staffing – A lot of Nurses, few MAs	Staffing – A lot of MAs, fewer Nurses, more providers
Housekeeping cleans majority of things/turns over rooms	Less housekeeping staff. Clinical staff does majority of cleaning and room turnover. Contracted services in some clinics
Policies – acute care focused	Policies – must advocate for ambulatory nuances
Communication – clear listservs and PR support. Everyone in one place	Communication is challenging. Staff and leaders are more spread out. Mixed messaging coming from hospitals
Surveys – fewer	Surveys – many! Ambulatory sites associated with different TJC applications, ASCs have state CMS surveys (FSOF), specialty accreditation surveys

Outpatient, Not Out of Risk

Ambulatory Isolation Precautions

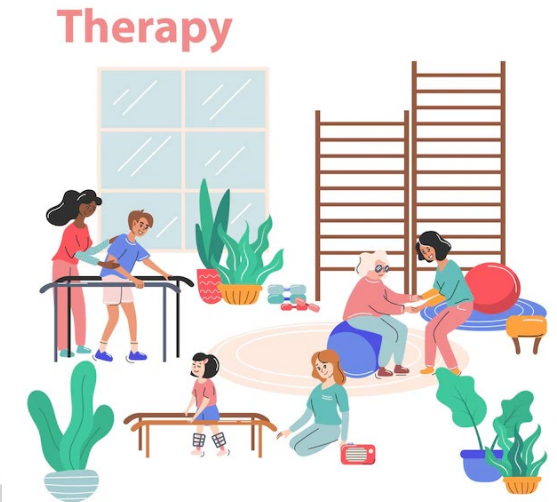
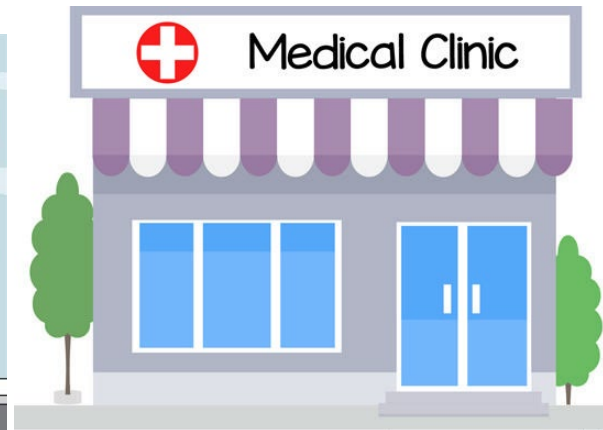
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Should Ambulatory Settings Isolate?

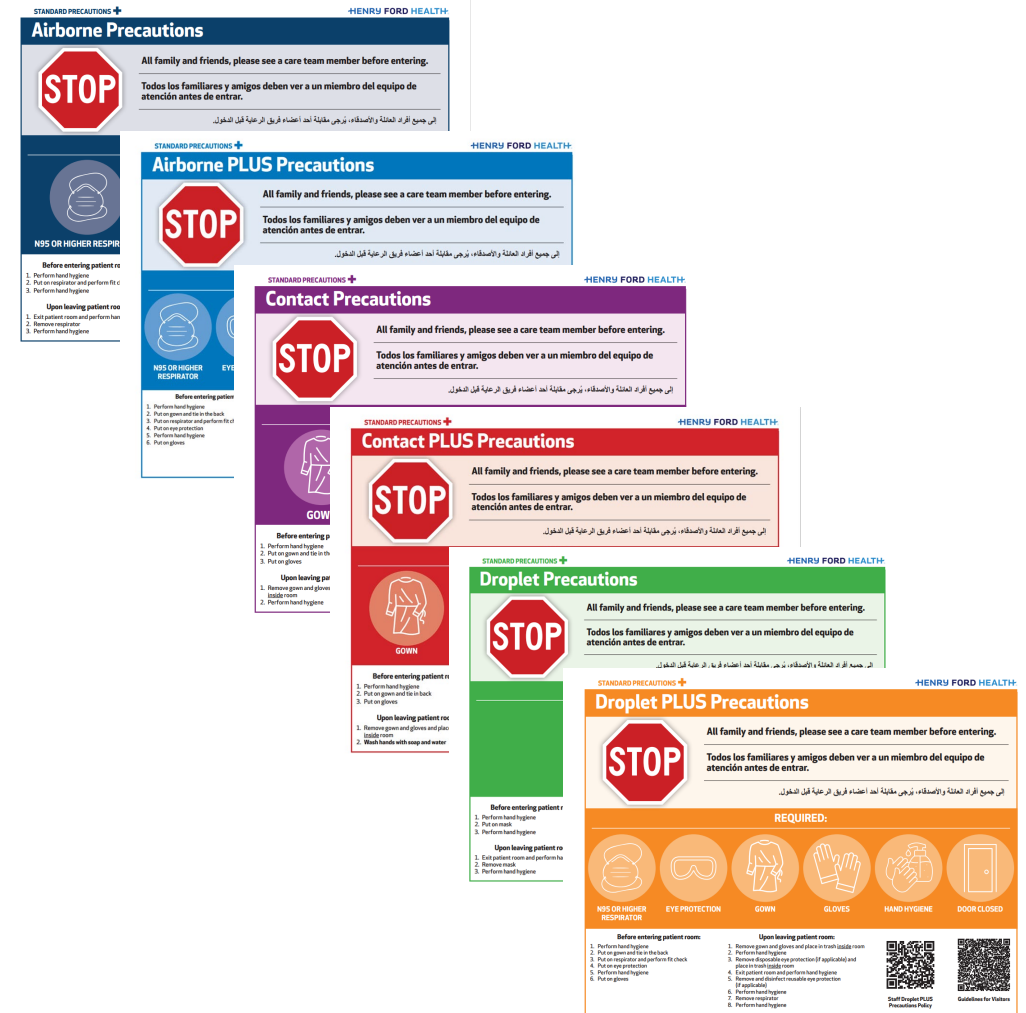
- Short answer: **YES!**

Whether screening for patient infections or not, any facility could encounter a patient that is exhibiting or reporting symptoms of a communicable disease. In which case, staff should take the necessary precautions to prevent any possible transmission to themselves or other patients.



Ambulatory Isolation Precautions

- Ambulatory isolation follows the same policy/procedures as inpatient isolation
- Aligning the process allows for:
 - Better ability to streamline and educate all staff
 - Consistent flagging in patient charts via EMR
 - Consistent continuum of care for the patient in all care settings
 - Safer care provided by the staff; reduce staff exposures



A Standardized Isolation Sign

STANDARD PRECAUTIONS +

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Type of isolation →

Contact Precautions



All family and friends, please see a care team member before entering.

Todos los familiares y amigos deben ver a un miembro del equipo de atención antes de entrar.

إلى جميع أفراد العائلة والأصدقاء، يُرجى مقابلة أحد أعضاء فريق الرعاية قبل الدخول.

PPE and other instructions →

REQUIRED:



GOWN



GLOVES



HAND HYGIENE

Donning and doffing instructions →

Before entering patient room:

1. Perform hand hygiene
2. Put on gown and tie in the back
3. Put on gloves

Upon leaving patient room:

1. Remove gown and gloves and place in trash inside room
2. Perform hand hygiene



Staff Contact Precautions Policy



Guidelines for Visitors

QR codes linking to isolation policies and visitor education

149150_contact 06/22

Isolation Education in Ambulatory Setting

- Education delivery methods:
 - EMR isolation flags
 - Online modules
 - In-person education
 - Tip sheets for posting
 - Materials located on Infection Control intranet page
 - Live and recorded presentations (e.g., quarterly MicroLearnings)

ONLINE CLASS

SYS | Ambulatory Isolation Procedures Education | #1674

Last Updated 01/12/2024 Duration 15 minutes

Details

This course provides education to ambulatory staff regarding the importance of isolation precautions, types of PPE, isolation precautions utilized at Henry Ford Health, and provides examples of illnesses requiring isolation.

Isolation Patients in Outpatient Rehab Services

If therapy cannot be delayed, patients with certain infection flags and associated isolation orders can be safely seen for outpatient PT/OT as long as the appropriate precautions are followed. The below grid outlines isolation requirements for common infection flags that do not prohibit patient's access to outpatient PT/OT services:



Isolation Type (isolation signs hyperlinked below)	Commonly Associated Infection Flags	PPE Required	Hand Hygiene	Open Gym Access	Equipment & Surface Disinfection After Each Use
Contact	- MDRO (multi-drug resistant organism) - CRE/CRO (carbapenem resistant Enterobacteriaceae/organism) - Candida auris - Candida auris Rule Out	- Gown - Gloves - Wear both when working closely with the patient in a bay area or exam room. Gown is not required when overseeing patient in open gym.	Sanitizer	Patient able to utilize open gym area but should perform hand hygiene prior to and frequently throughout use of space.	- Purple top PDI wipes - Hydrogen Peroxide
Contact PLUS	C. Difficile - Norovirus	- Gown - Gloves - Wear both when working closely with the patient in a bay area or exam room. Gown is not required when overseeing patient in open gym.	Soap & Water	Patient able to utilize open gym area but should perform hand hygiene with soap and water prior to use of space, and then with hand sanitizer throughout.	Bleach wipes
Droplet PLUS	- COVID-19 - Mpox	- N95 - Eye Protection - Gloves - Gown (if splash risk)	Sanitizer	Patient should be seen in a private room or in a bay at least 6 ft. away from other patients. Patient is not able to participate in open gym activities until after their isolation period is completed.	- Purple top PDI wipes - Hydrogen Peroxide
Droplet	Influenza	Surgical/Procedure Mask	Sanitizer		- Purple top PDI wipes - Hydrogen Peroxide
Contact & Droplet	- Adenovirus - Metapneumovirus - RSV (in infants/young children or immunosuppressed adults)	- Gown - Gloves - Surgical/Procedure Mask	Sanitizer		- Purple top PDI wipes - Hydrogen Peroxide

Isolation Precautions in EMR

The screenshot displays the Epic EMR interface for a patient named Henry Ford PRD. The top navigation bar includes links for Pt Station, Patient Lookup, My Reports, Trace Patient, Trace Caregiver, Bed Trace, and Change Context. The left sidebar contains a search bar and a list of patient information, including 'Infection: MDRO' which is highlighted with a green arrow. The main content area shows the 'Summary' tab with sub-tabs for Overview, Index, Fever, Micro, CLBSI, Device UTI, VAP, SSI, and LDA. A red banner indicates 'Isolation Updates Required: Contact'. Below this, a table shows the current isolation status as 'None' and the required status as 'Contact' for the reason 'MDRO'. The 'Infection Status' section provides details for the MDRO, including specimen information, date added, review date, and onset date. A temperature graph shows a reading of 98.2°F on 10/06 at 1537. The bottom section shows 'Antimicrobials' with no matching active medications.

Hyperspace - WBH INFECTION CONTROL - Henry Ford PRD -

Epic Pt Station Patient Lookup My Reports Trace Patient Trace Caregiver Bed Trace Change Context...

Summary Chart Review Manage Orders Demographics Patient E

Summary

Overview Index Fever Micro CLBSI Device UTI VAP SSI LDA

Infection Control Sticky Note Comment Create

MDHHS: No

Report

None

Code/Directives: Prior (has ACP docs)

Search

Infection: MDRO

No attending provider

Allergies: Iodinated Contrast Media

Isolation Updates Required: Contact

Current	Required	Reason
None	Contact	MDRO

Infection Status

MDRO

Specimen information: Wound, deep / Wound, deep

Added: 10/6/2020 by Wound/Abscess/Drainage Culture (aerobic) with Gram Stain (Collected 10/03/20)

Review by: 10/6/2021

Onset date: 10/3/2020

98.2) Temp °C (°F)

10/06 1537

No lab results data found

Antimicrobials

No matching active medications

Infection Status

- When a lab result meets isolation criteria, an infection flag will automatically appear on the patient's chart
- Any time a flag is on the chart, the patient must be placed in the corresponding isolation

EPIC Schedule View: Infection Column

Schedule

Open Slots

Chart

Show Orders

Order Entry

Enter/Edit Results

Sign Encounter

Print AVS

Change Prov

No Show

Notes

Assign Pt Questionnaire

Answer Pt-Qnr

Form Reprints

Send Video Visit Link

May 19, 2022

Today

NOVI FAMILY MEDICINE Department (All Providers)

Filter by Status

Total: 28

May

2022

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Dept: NOVI FAMILY MEDICINE

Create

My Schedule

VAUGHT, ADRIENNE

NOVI FAMILY MEDICINE

Status	# CMS HCC	Infection
Scheduled		Scabies
Scheduled		Tuberculosis
Scheduled		
Scheduled		
Scheduled		
Scheduled		
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Scheduled		

Isolation Updates Required: Airborne

Current: None

Required: Airborne

Reasons for Isolation

Isolation	Reason
Airborne	Tuberculosis

Tuberculosis Infection Instructions

This patient was recently diagnosed with TB. They may still be contagious.

Airborne Isolation Precautions are Required.

Duration of isolation required:

Contact Infection Prevention and Control for isolation recommendations

See TB Control Plan

PPE:

All staff or providers working with this patient should wear an N95 or higher respirator.

The respirator should be put on before walking into the room with the patient.

The N95 should be discarded after exiting the room.

Hand hygiene should be performed frequently and after exiting the room and after removing your respirator.

Room Turn over:

Room down time of 35 minutes for negative or positive pressure procedure rooms or 2 hours for neutral pressure rooms is required after patient discharge.

All high touch and horizontal surfaces should be wiped down with a HFHS approved disinfectant wipe (ex: purple top wipes).

Policies & Resources:

Tier 1: Airborne Precautions

Tier 1: TB Control Plan

Tier 1: Isolation Guide for Selected Infections and Conditions

OneHenry Infection Prevention & Control Page: Isolation

For assistance please contact Ambulatory Infection Control at:

313-850-8208, 313-953-5752, 313-829-5693

HFMGInfectionControl@hfhs.org

PCP

Referring Provider

KUET, EILEEN

FRIED, STEVEN T

KUET, EILEEN

FRIED, STEVEN T

Show Tasks

Unique EMR Needs for Specific Settings

- Not all departments interact with the patient and thus EMR in the same capacity
- Have had to work with EMR liaisons to ensure patient's "Infection" status is viewable in department's workflow

↑ Scroll to selection (appointment)

✓	Primary Cvg	Cvg Verif	HAR Verif	Arrived	Patient LOS	Patient Types	Auth Sta...	Same Day Visits	No-Show Rate	Vi...	Video Techni...	Infection
✓	Molina Medicaid Hmo/Molina Medic...	✓	Verified	8:51 AM		Non Employee	✓		17%		⚠	
✓	Hap Medicare Advantage/Hap Henry	✓	Verified	8:56 AM		Non Employee	✓		4%		⚠	
✓	Blue Care Network/Blue Care Network	✓	Verified	8:35 AM			✓		0%		✓	
✓	Blue Cross Gm Direct To Empl/Blue	✓	Verified	9:02 AM		Non Employee	✓		1%		!	
✓	Medicare/Medicare Part A And B	✓	Verified	9:04 AM		Non Employee	✓		9%		⚠	
✓	Priority Health/Priority Health Hmo	✓	Verified	9:03 AM		Employee	✓	Other visits on the same day:	4%		✓	
✓	Hap Medicare Advantage/Hap Sr Plus	✓	Verified	9:10 AM		Non Employee	✓	Other visits on the same day:	2%		⚠	
✓	Cigna/Cigna Priority Health	✓	Verified	9:16 AM		Non Employee	✓	Other visits on the same day:	3%		✓	
✓	Molina Medicaid Hmo/Molina Healthy	✓	Verified	9:19 AM		Non Employee	✓		0%		✓	
✓	Cigna/Cigna Priority Health	✓	Verified	9:17 AM		Non Employee	✓	Other visits on the same day:	3%		✓	
✓	Hap/Hap Hths Employee Epa Plans	✓	Verified	9:22 AM			✓	Other visits on the same day:	0%		⚠	
✓	United Healthcare/United Healthcare	✓	Verified	9:28 AM		Non Employee	✓		2%		⚠	C Difficile
✓	Medicare/Medicare Part A And B	✓	Verified	9:26 AM			✓	Other visits on the same day:	0%		⚠	
✓	Blue Cross Gm Direct To Empl/Blue	✓	Verified	9:36 AM			✓		6%		✓	
✓	Molina Medicaid Hmo/Molina Medicaid	✓	Verified	9:45 AM		Non Employee	✓		3%		✓	
✓	Blue Cross Blue Shield/Blue Cross	✓	Verified	9:43 AM		Non Employee	✓	Other visits on the same day:	3%		✓	
✓	Blue Cross Blue Shield/Blue Cross	✓	Verified	9:48 AM		Transplant	✓		1%		✓	
✓	Medicare/Medicare Part A And B	✓	Verified	9:56 AM			✓		0%		⚠	

Outpatient, Not Out of Risk

Ambulatory Exposures & Outbreaks

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Exposures and Outbreaks

- Exposures and outbreaks have been identified and reported in outpatient clinic settings related to transmission of infections and exposure to bloodborne pathogens
- Outpatient settings (e.g., urgent cares, freestanding emergency departments, primary care clinics) are often the first-place patients seek care for management of illnesses. It is prudent that these outpatient settings can promptly identify, isolate and treat suspected communicable diseases to minimize exposure and prevent outbreaks both in the clinical and community environment
- Examples encountered:
 - Measles exposures
 - Pertussis exposures
 - Chickenpox exposures
 - Outbreak related to endoscopes



Exposure and Outbreak Prevention

- Regular emphasis on **standard precautions** and empiric use of **isolation precautions**
- Work closely with front desk staff to be prepared to identify and room patients immediately, if possible
- Update on any potential outbreaks of concern in the community via daily safety huddle to reach all departments on what to look for and to reach out with questions
- Provide education (MicroLearnings) related to hot topics in Infection Control, including outbreaks (e.g., Measles outbreak)

Micro Learning
An Infection Control Webinar Series for Ambulatory Settings

Measles

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Henry Ford Health is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Criteria for successful completion of event:
Submission of a completed evaluation form AND
Live session: Attend 100% of event
Enduring content: Viewing 100% of event
Enduring content available for viewing until 9/30/25.
This module will remain available for CE credit until 5/24/26

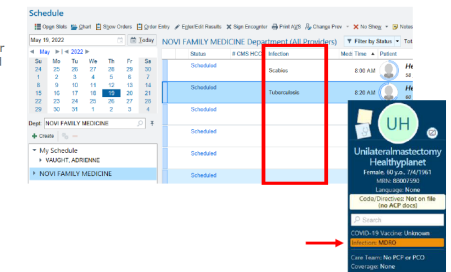
None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies

Ambulatory Infection Control: Spreading the News Communicable Disease Rooming Process

- Patients who have known or suspected infections or visible infection flags in the electronic health records should be roomed or triaged immediately.
- For patients with a known respiratory infection, patients should be advised to wear a mask and try to maintain 6 feet of distance from other individuals.
- Front desk staff should be able to see infection status of patients arriving using the infection column in the schedule view.
 - If the infection column does not appear in your scheduler view, click the wrench icon, search infection column, and add to the report.
- Staff may also see infection status in the patient's side information panel (aka story board).
- Front desk staff should notify the nursing/clinical team of the patient's infection status immediately. Nursing/clinical team should try to accommodate rooming patient promptly.

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Questions? Please contact Ambulatory Infection Prevention & Control at ambulatory@chhs.org or call 313-916-6484



Exposures

- Possible exposures are often initially identified by our communicable disease specialist or directly from the exposed department
- After identification, the case is reviewed by Infection Prevention and the IC Medical Director to determine the exposure definition and window
- Communications are sent to the affected departments for awareness and identification of individuals who may have been exposed
- Large-scale exposures have led to a streamlined checklist process for involving all key stakeholders

Good afternoon,

We were made aware of the following patient who recently tested positive for pertussis and has been seen at multiple ambulatory clinics/appointments during the exposure window period:

MRN: [REDACTED]

Name: [REDACTED]

DOB: [REDACTED]

Lab Result: 10/11/2024 detected from *B. pertussis* PCR at external visit ([REDACTED])

Our IC Medical Director, [REDACTED], has reviewed this case and based on symptom onset has determined the exposure window period to be 10/1/2024 to present. Pertussis is transmitted via the droplet route thus **any staff who had close face-to-face contact (< 6 ft) without having a procedural/surgical mask with the patient within the exposure window is considered exposed.**

This patient had multiple visits to the ambulatory sites listed, please see below:

Date	Appointment
1-Oct	[REDACTED]
3-Oct	[REDACTED]
9-Oct	[REDACTED]
9-Oct	[REDACTED]

Below is a screenshot from the Henry Ford [Tier 1: Communicable Disease – Work Restrictions for HCPs with a Communicable Disease or Special Condition](#) that includes the follow up for exposed employees. If you, or a team member, could review the staffing for the visits listed above and provide a list of employees who would have interacted with these patients that would be greatly appreciated. Employee Health is included on this chain as they will manage employee follow up.

Disease / Signs or Symptoms	Relieve from Work	Partial Work Restriction	Duration
Pertussis a. Active b. Post-exposure (Asymptomatic personnel) c. Post-exposure (Symptomatic Personnel)	a. Yes b. No. Prophylaxis recommended c. Yes		a. "From the beginning of the catarrhal stage through the 3rd week after onset of paroxysms or until 5 days after start of effective therapy. b. NA c. "Until 5 days after start of effective therapy. Requires authorization to return to work by treating provider and/or PCR. "If symptomatic employees refuse treatment, they will be furloughed from the beginning of the catarrhal stage through the 3rd week after onset of paroxysms

Please let us know if you have any questions.

Inpatient vs. Outpatient Exposures

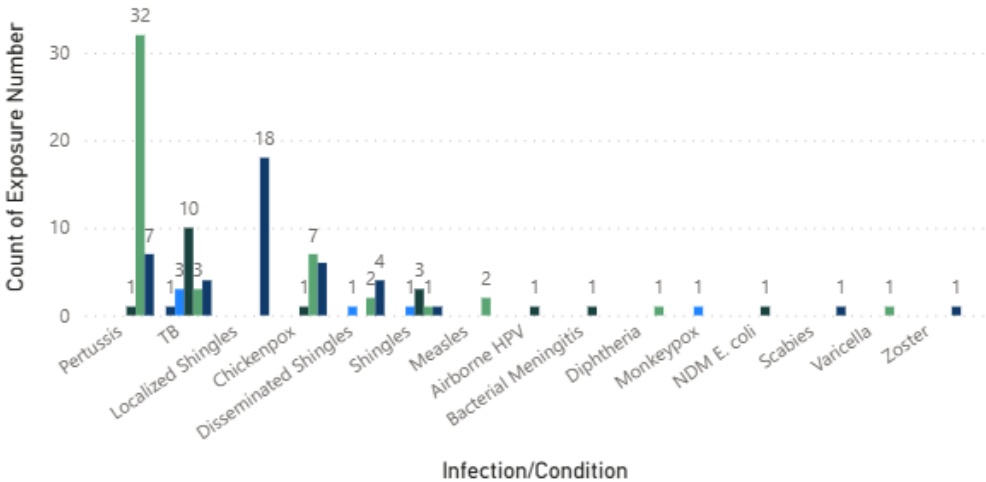
Inpatient	Outpatient
Patients are generally not in waiting rooms	Waiting rooms create additional opportunity for exposure of patients/family members
More staff exposures – patients may interact with multiple MAs, nurses, provider specialties, staff from various departments (e.g., housekeeping, dietary services) all in the same day	Less staff exposures – most patients interact with front desk, MA/Nurse who rooms patient, and provider at a single clinic visit
Exposures generally occur all in one building	Exposures may impact multiple sites if patient is seen at multiple clinics prior to diagnosis
More positive and negative pressure rooms to appropriately isolate patients	Less specialized pressure rooms, most clinics do not have any. Freestanding EDs may have a few
Generally, only one patient will be roomed following source patient prior to time elapsed for appropriate air exchange to occur. However, source patient may have had a roommate	May have multiple patients roomed in same space within 2-hour period (for neutral pressure rooms) following source patient (e.g., 4 patients seen/hour in the source patient room)
EMR allows for more precise tracking of patient, able to tell what time a patient was where	Can be difficult to identify the exact time a patient was brought into/left a room
Generally, follow up can be handled via unit manager who is present on site	Leadership structure can make follow up challenging, many clinic leaders cover multiple buildings and may not be on-site for immediate in person follow up

Exposures

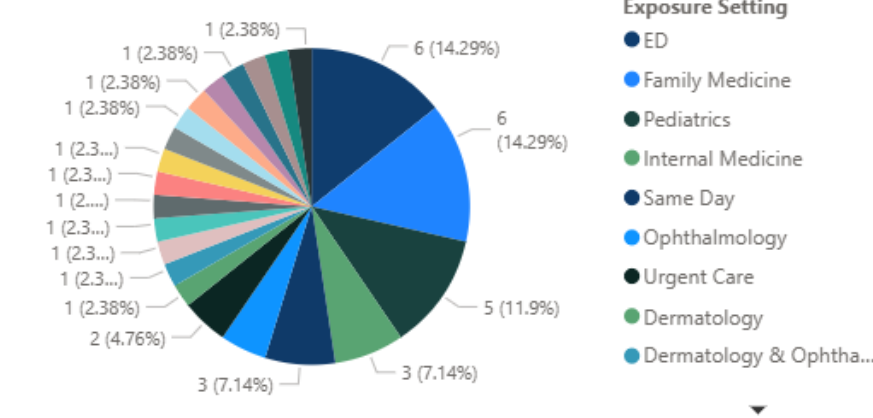
Exposure Dashboard

Count of Exposure Number by Infection/Condition and Year

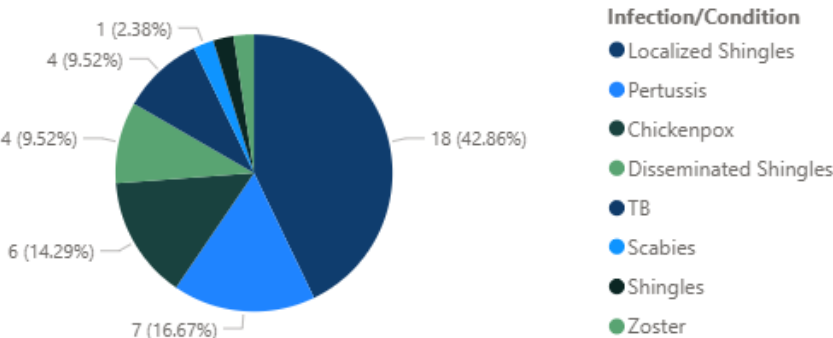
Year ● 2021 ● 2022 ● 2023 ● 2024 ● 2025



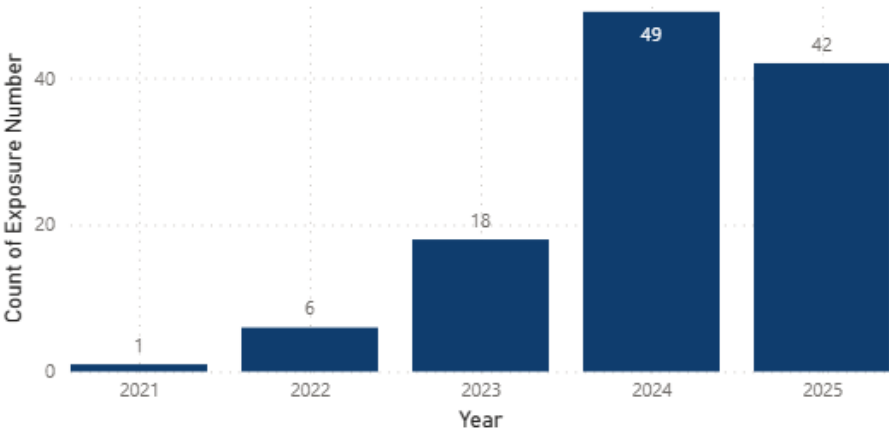
2025 Exposure Settings



2025 Exposure Infection/Condition



Exposures by Year



Outpatient, Not Out of Risk

Ambulatory High-Level Disinfection (HLD) & Sterilization

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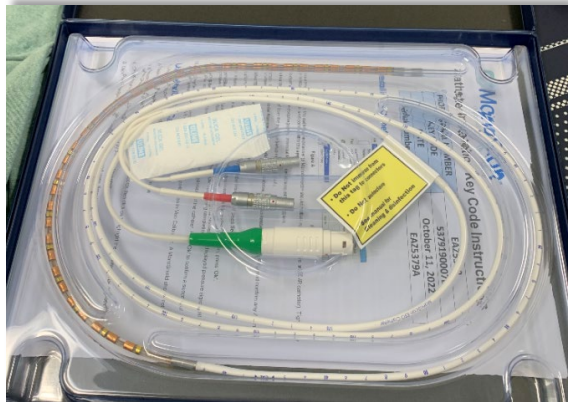
Ambulatory: A Wide Range of Specialties

- Endoscopy*
- Bronchoscopy*
- ENT*
- Urology*
- Radiology/Ultrasound*
- Ophthalmology*
- Cardiology*
- Walk-In and Urgent Care
- Pulmonary
- Family Medicine
- Pediatrics
- Women's Health*
- Internal Medicine
- PT/OT
- Pain Clinics
- Dermatology
- Vascular Access
- Orthopedics
- Endocrinology
- Gastroenterology*
- Sleep
- Allergy
- Infusion Clinics
- Infectious Disease
- Behavioral Health
- Oncology
- Radiation Oncology
- Mammography
- Reproductive Medicine*
- Outpatient Lab
- Rheumatology
- Neurology
- Speech Pathology
- Integrative Medicine
- Transplant
- IVF*
- Dental, Oral Surgery
- School Based Health
- Research/ Clinical Trials
- Virtual Clinics/Outreach

*Areas involving high-level disinfection or sterilization of scopes, probes, or lenses

HLD & Sterilization: Unique Specialties

- Ambulatory specialty clinics will likely require HLD of specific instrumentation, which require specific/different protocols than the inpatient SPD may be equipped to handle
- Types of specialties:
 - Manometry (catheters)
 - Ophthalmology (laser lenses, pachymeter tips, immersion shells, etc.)
 - ENT (flexible & rigid scopes)
 - Women's Health (transvaginal probes)
 - Urology (prostate probes, scopes)



Esophageal catheter, Manometry



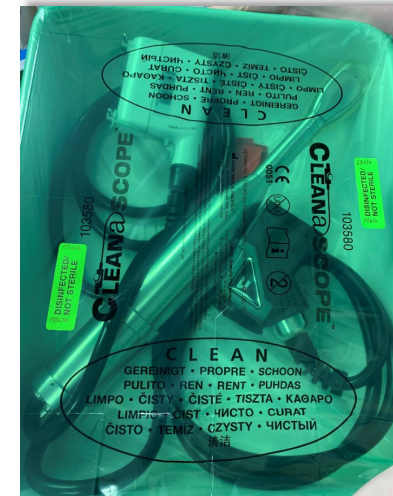
Retcam lens, Ophthalmology



Rigid scope, IVF



Pachymeter tip (left) and laser lens (right),
Ophthalmology



Prostate probe, Urology



Flexible scope, ENT

HLD & Sterilization: Auditing Overview

HLD/Sterilization Area	Description	Sites	Audit Frequency
Ultrasound Probes (Radiology, Women's Health, Maternal Fetal Medicine, Vascular, General Surgery)	Involves reprocessing ultrasound probes that come in contact with mucous membranes. Most commonly are transvaginal probes	28	Semi-annual
Ophthalmology	Involves reprocessing eye instruments that come in direct contact with the eye, such as lenses, pachymeters, immersion shells, UBM, and RetCam	14	Semi-annual
Ear, Nose, & Throat (ENT)	Involves reprocessing flexible and rigid scopes. Rigid scopes have a manual HLD process whereas most of the sites have an AER for flexible endoscopes	8	Quarterly
Gastroenterology/Endoscopy	Involves reprocessing flexible endoscopes for GI procedures. Some sites have specialty flexible endoscopes, such as ERCPs.	6	Quarterly
Sterile Processing Departments (SPD)	Some of the SPDs also perform HLD for clinics or outpatient surgeries in addition to sterilization	5	1x/Monthly
HLD/Low Temp Sterilization (IVF, Cancer Pavilion, Urology)	Some specialty clinics reprocess scopes or probes using a low temp sterilizer	4	Quarterly
Manometry	Involves reprocessing of manometry catheters. GI manometry is a medical test that measures the contractions and pressures of the muscles in the gastrointestinal tract, including the esophagus, stomach, and small intestine	2	Quarterly
Total		67	176

HLD & Sterilization: Auditing

Medivator Scope Cleaning/Disinfecting

Room Flow and Set-up

1

Is the room negative pressure to the rest of the suite?

Use the tissue test. Soiled side should pull the tissue in. If the room is used for both cleaning and disinfection, negative pressure is acceptable.

1 Linked Standard(s)

✓

✕

N/A

2

Is there a process in place to distinguish between disinfected and contaminated scopes (ex. Red/green covers)?

1 Linked Standard(s)

✓

✕

N/A

3

Is there visible evidence of Point of Use Treatment?

Examples of evidence include: Completion of yellow tag, sponge, air / water cleaning adaptor attached.
Hang Tag Process for Flexible Endoscopes
For ENT, Staff can verbalize wipe down of scope in the exam room. Ex: Using intercept wipes, sponge with enzymatic, etc.
Most ENT scopes are non-channeled so they most likely will not say anything about flushing a channel like GI scopes.

1 Linked Standard(s)

✓

✕

N/A

4

Was the endoscope brought to the reprocessing within 30 minutes of point of use treatment?

The first hour after point of use treatment is the golden hour, the optimal time to begin manual cleaning. If bioburden sits on a scope for longer than 1 hour it dries and becomes very hard.

1 Linked Standard(s)

✓

✕

N/A

ENT Scope HLD Audit Cidex OPA & Medivator

HLD Staff Questions

1

Does the staff member have proof of competency?

They should have initial and annual training.

✓

✕

N/A

2

Staff can demonstrate how to locate manufacturer's instructions for use for equipment or instruments used in their area. *

✓

✕

N/A

3

Are all disinfection documentation kept for 3 years?

This includes test strip validation logs, disinfection logs and patient tracking logs.
See the Tier 1: Record Retention Policy for details
Note: SPM stores disinfection documentation indefinitely

✓

✕

N/A

ENT: Room Flow and Set Up

4

Is the room negative pressure to the rest of the suite?

Use the tissue test. Soiled side should pull the tissue in. If the room is used for both cleaning and disinfection, negative pressure is acceptable.

✓

✕

N/A

Trophon HLD Probe Audit

Trophon High-Level Disinfection

1

Is appropriate PPE worn?*

Example: Contact - Gloves and Gown, Droplet plus - Surgical mask, full face shield or goggles, gloves, disposable gown, etc.
Examples for construction areas: Scrubs or bunny suits in restrict areas (OR), following isolation precautions, etc.
Examples for reprocessing personnel: hair cover, gown, face mask, eye protection, gloves
AAMI recommends Level 3 or higher for gowns and masks in reprocessing and decontamination areas.
HLD PPE Tip Sheet

✓

✕

N/A

2

Was the probe sheath removed and excess gel wiped off with a lint-free cloth?

Wipe the transducer from the bottom to the top (starting at the hand hold). Visually inspect the probe. Repeat the process if necessary.

✓

✕

N/A

3

Was the entire length of the transducer (including the cord) low-level disinfected before the probe was placed in the Trophon?

Wipe the transducer from the bottom to the top (starting at the hand hold) with a Sani-Cloth AF3 wipe. Discard wipe. With a new Sani-Cloth AF3 wipe, start at the hand hold and wipe down the full length of cord, (wiping just the cord). Discard wipe

✓

✕

N/A

4

Was the transducer wiped from the bottom to the top (starting at the hand hold) with a wet lint-free cloth?

Wipe the transducer from the bottom to the top (starting at the hand hold) with a wet lint-free cloth. Discard lint-free cloth. With a new, wet lint-free cloth, start at the hand hold and wipe down the full length of cord, (wiping just the cord). Discard lint-free cloth.

✓

✕

N/A

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HLD & Sterilization: Communicating Audit Results

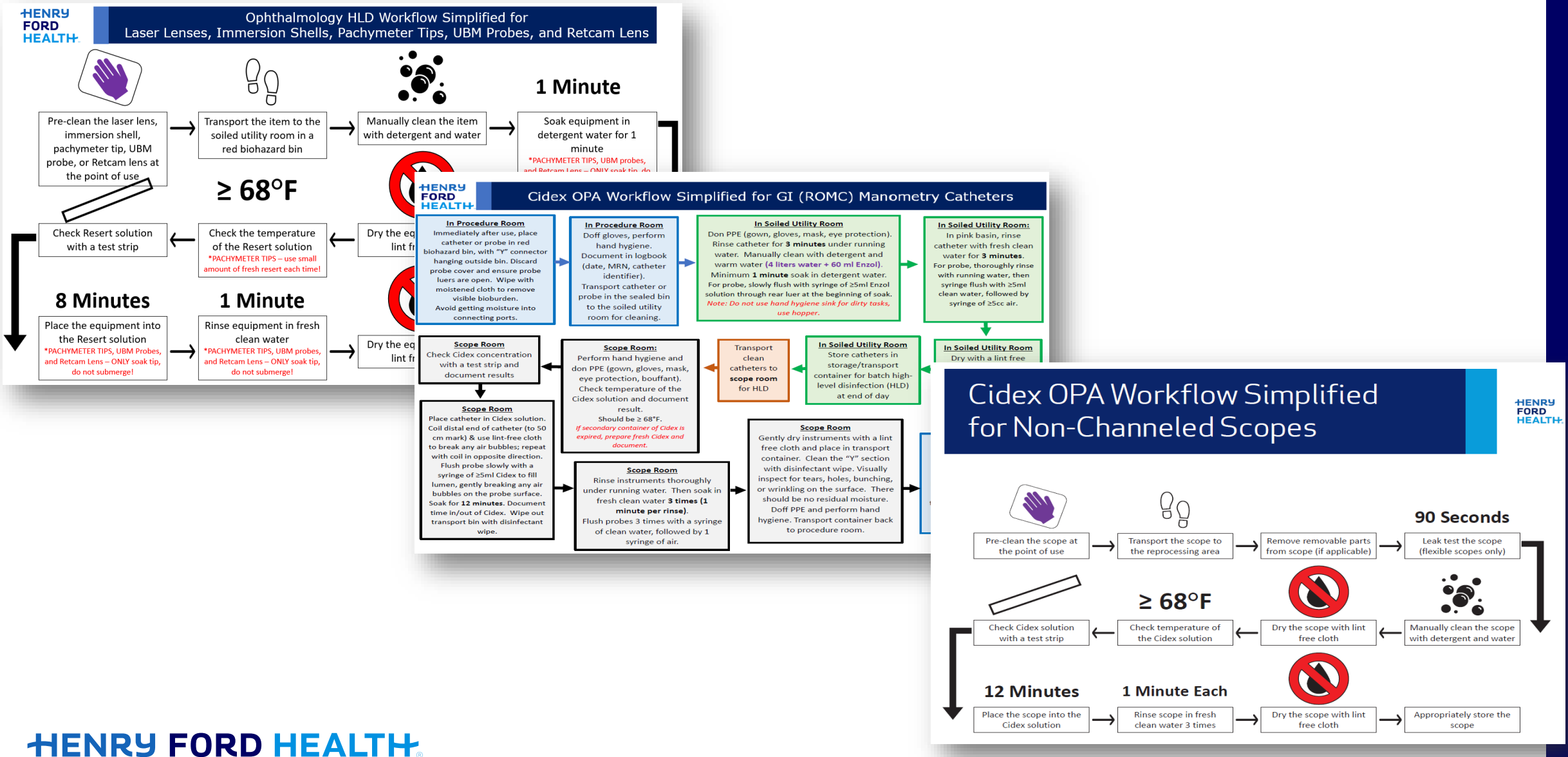
- After each audit, results are sent via an electronic database and through an email communication to leadership
- Electronic database requires department leader to review each finding and input their steps toward resolution
- Email summary allows for broader leadership and collaborators to be made aware of any concerns or to highlight successes
- If higher risk issues are identified during audits, a multidisciplinary team is pulled together to implement immediate action

**Infection Prevention
is Everybody's
Business**



Audit	Number of HLD Audits	HLD Compliance
☐ Trophon HLD Probe Audit	37	98.1%
☐ Sterrad / VPro Scope Cleaning/Disinfecting	7	98.7%
☐ Medivator Scope Cleaning/Disinfecting	24	99.1%
☐ Manometry Cidex OPA HLD	5	98.6%
☐ ENT Scope HLD Audit Cidex OPA & Medivator	19	95.7%
☐ Ambulatory - Ophthalmology HLD Audit (Resert)	38	99.1%
Total	130	98.1%

HLD & Sterilization: Continuous Education

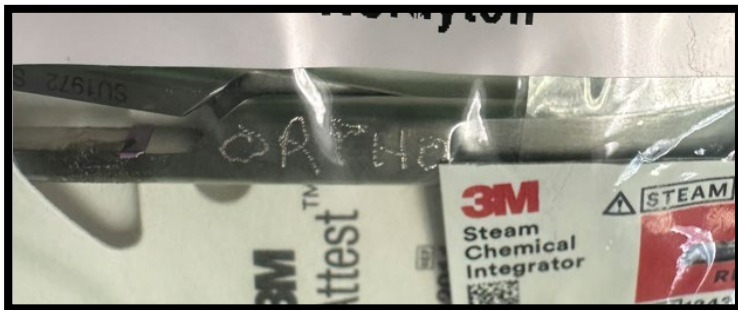


HLD & Sterilization: Risks and Initiatives

Risk	Initiatives
Standardizing HLD practices across sites	➤ System HLD meeting ➤ Website with up-to-date tip sheets, information on HLD ➤ Creation of HLD SOPs
Ensuring proper training & competency	➤ Regular auditing and collaboration with interdepartmental teams (e.g., HLD Education Team, department leadership) to address identified gaps
New instruments/equipment requested by departments	➤ Request departments to contact Infection Prevention prior to purchase for IFU review
Reprocessing room design/space constraints	➤ Involved with department leadership to prioritize high risk updates needed for infrastructure
Clinic instrument sterilization/transport	➤ Discontinued use of all tabletop sterilizers in clinics ➤ Standardized products/process with a tip sheet of the steps posted in all soiled utility rooms that have instruments ➤ Created vehicle transport guidelines for transportation of instruments between sites and SPDs

Sterilized Instruments in Ambulatory

- Appropriate management of sterilized instruments across vastly diverse clinic settings can be challenging
- Each clinic, specialty and even provider may have their own unique instrument needs. This introduces HUGE numbers of reusable instruments across Ambulatory
- More instruments unfortunately creates more opportunity for gaps



Instrument Prep & Transport

- Properly preparing reusable instruments is essential
- Standardized instrument handling process across the system
 - Point of use
 - Containment
 - Transport to SPD
- All areas that use and prepare instruments for transport to the SPD must have the soiled instrument handling tip sheet posted in the Soiled Utility room/workroom for quick reference

North/South Market: Clinic Point of Use Treatment of Instruments and Transport to Sterile Processing Department

Point of Use: Care and Handling of Contaminated Reusable Instruments at Point of Use at Clinics

1. Soiled reusable items should be handled as little as possible at the point of use.
2. Immediately after procedure, perform hand hygiene, don gloves and wipe down visibly soiled instruments with Intercept Wipes or a moist/damp cloth or gauze (dampened with water), removing all visible bioburden. Use caution when wiping sharp edges.
3. Place soiled instruments in a biohazard transport bin.
If the exterior of the bin has become inadvertently soiled, wipe the outside of the bin with an approved disinfecting wipe.
4. Remove and discard gloves, perform hand hygiene and secure the lid on the biohazard transport bin.
5. Transport biohazard bin to the containment area (soiled utility room if available), keeping the bin parallel to the floor.
Do not wear gloves to transport the bin through the hallways.

Containment

1. Once in the containment area, unlatch the transport bin lid, perform hand hygiene, and don gloves.
2. If instruments are cannulated, don additional PPE (gown, mask, and eye protection), and brush or flush channels with water (unless otherwise directed by the Manufacturer's Instructions for Use (MIFU)).
3. Place instruments in external biohazard transport bin,
 - a. Ensure instruments are in the open or loose position.
 - b. Place instruments that are heavy on the bottom and lighter, more delicate instruments on the top.
 - c. Do not overload the bins.
4. Immediately spray instruments in external transport bin with approved spray. Instruments should be completely covered with product. If instruments are completely covered with the spray, product should keep instruments moist for 72 hours.
 - a. Re-spray as necessary.
 - b. Avoid over-applying product to prevent pooling at the bottom of bin.
 - c. ProEz cannot be used for instruments that touch the eye. Use PreKlenz instead.
5. If the internal transport bin and external transport bin are not the same bin, wipe out the internal transportation biohazard bin with approved disinfecting wipe and return for re-use.

Transport: Preparation for Transportation to Sterile Processing Department (SPD)

1. Respray instruments as needed with approved spray, so they remain moist. Instruments should not be allowed to dry before they reach SPD.
2. The *Request for Sterilization Form* should be completed and sent with instruments. This informs the SPD staff where the instruments need to be returned to.
3. The 3-part ISC Solutions Form should be completed and sent with instruments when shipping externally using a courier. This informs the driver on where to deliver the bins to.
4. Follow your department's process for transport to SPD. If SPD is not located within the building:
 - a. Send external biohazard transport bin to assigned SPD following the transport schedule.
 - b. Bin should be enclosed in a red biohazard bag with a goose necktie.
 - c. The request for sterilization form and ISC solutions form should be placed on the **outside** of the red bag in the packing list envelope. Packing list envelopes should *never* be applied directly on red bin.

Reminder: Instruments should not sit for an extended period of time.

Required Products

Transport Bins: (Large: 20" x 10"; Medium: 15" x 9"; Small: 10" x 6")
Intercept Wipes
ProEZ Foaming Enzymatic Spray
PreKlenz Spray (for instruments that touch the eye)
Request for Sterilization Form
ISC Solutions Form
Red Biohazard bag
Packing List Envelope

Please click [here](#) to visit the master list of PS#s and supply order information.

August 2024

Sterilized Instruments: Continuous Education

Inspecting Sterilized Instruments Before Use

Per The Joint Commission, sterile packages are to be inspected for integrity and compromised packages are repackaged and reprocessed prior to use.

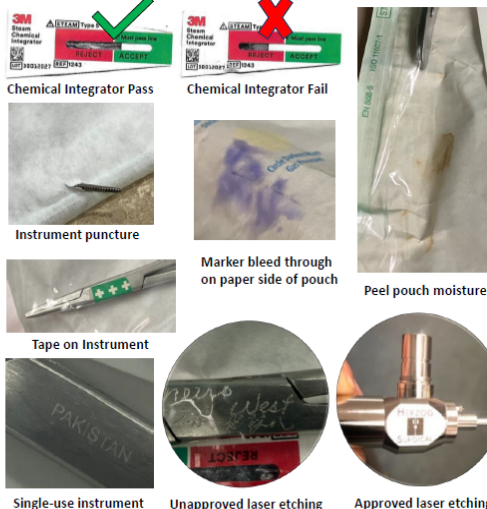
In Ambulatory clinics that receive sterilized instruments from the Sterile Processing Department (SPD), it is important to inspect **every** peel pouch prior to use to ensure sterility is being maintained. Below are examples of non-compliance to watch for. If any of the below items are observed, **DO NOT USE!**

Peel Pouch Integrity

- ❖ Failed chemical integrator inside the pouch
- ❖ Holes/punctures to peel pouch
- ❖ Signs of moisture on the peel pouch
- ❖ Writing/markings on paper side of pouch

Instrument Integrity

- ❖ No tape or tape residue on instrument
- ❖ Unapproved etching on the instrument surface
- ❖ Product labeled "Centurion" or "Pakistan" are single-use and not to be sent for reprocessing
- ❖ Any observed blood, rust, or pitting of the instruments (see tip sheet below)



- For instrument staining concerns (i.e., blood, rust, pitting, watermarks, etc.), use the tip sheet linked [here](#) for next steps.
- For non-approved etching, remove instrument and order replacement.
- For all other observed issues, follow the soiled instrument process and send instruments to the local SPD.

Instrument Stains: Information for HFMG Clinics

COLOR	DESCRIPTION	EXAMPLE	ACTION	NEXT STEPS
	RUST -Instrumentation that soaks in tap water for long periods of time. BLOOD -Dried blood left on instruments		DO NOT USE	Tag instrument: *Steris IMS to determine if instrument should be replaced. *Schedule preventative maintenance with Steris IMS to remove staining.
	OXIDIZED GRAY - From oversaking Chemical Pitting can be caused from soaking instrument in water or saline, or the use of saline at point of use to remove blood, tissue, debris. *An instrument with pitting cannot be properly cleaned		DO NOT USE	Tag instrument: *Steris IMS to determine if instrument should be replaced. *Schedule preventative maintenance with Steris IMS to remove staining.
	DARK BROWN -Possible low PH or baked on blood		DO NOT USE	Tag instrument: *Steris IMS to determine if instrument should be replaced. *Schedule preventative maintenance with Steris IMS to remove staining.

August, 2024

	BLACK -Exposure of instruments to bleach or ammonia.		SAFE TO USE	*Schedule preventative maintenance with Steris IM to remove staining.
	RAINBOW/MULTICOLOR -A hot spot in the sterilizer or instrument being exposed to excessive heat.		SAFE TO USE	*Schedule preventative maintenance with Steris IMS to remove staining.

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Vehicle Instrument Transport Guidelines

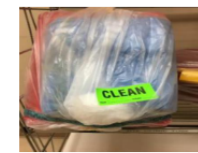
All soiled instruments are to be placed in a rigid container with a red biohazard bag tied around the container. The proper forms designating transport destination as well as the reprocessing inventory form will be attached to the outside of the bag.

Sterile trays that leave the sterile processing department will be individually wrapped in a clear, plastic bag with a clearly visible sticker that says "CLEAN".

Soiled
Instrument
Packaging



Clean
Instrument
Packaging



Required:

- ☐ Sterile instruments are not to be placed in corrugated cardboard boxes.
- ☐ If a soiled instrument bin is not properly contained as described above at the time of pick-up, the local staff should address before transporting the instrument bin.
- ☐ Ensure there is a separation of clean and contaminated items. Clean and contaminated items are never to be touching in the transport vehicle. A "clean" and a "dirty" area of the vehicle should be clearly demarcated.
- ☐ If a spill occurs or clean and dirty instrument bins come in contact with one another or is believed to possibly have occurred, transport vehicle must be decontaminated immediately after trip prior to the next trip.
- ☐ All bins are to be stored in a horizontal manner to prevent spillage or damage to the instruments and other items being transported.
- ☐ Personal protective equipment (i.e., gloves, biohazardous spill kit, etc.) is available on the transport vehicle if a contamination were to occur.
- ☐ Ensure the vehicle maintains a comfortable temperature and avoid temperature extremes that could enhance microbial growth.
- ☐ Clean and soiled instrument bins are to be placed on hard, cleanable surfaces only (i.e., rubber floor mats, plastic seat coverings, etc.).

Recommended:

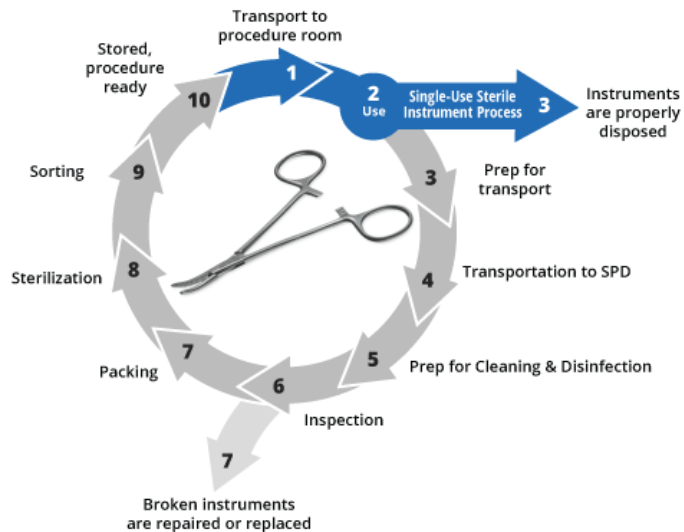
- ☐ Use of physical dividers to delineate clean and dirty separation.
- ☐ Cleaning transport vehicle between all trips, regardless of spills/cross-contamination concerns.

*This guideline applies to couriers and Henry Ford Health team members. Instrument "reps" are not permitted to transport instruments from one Henry Ford site to another.

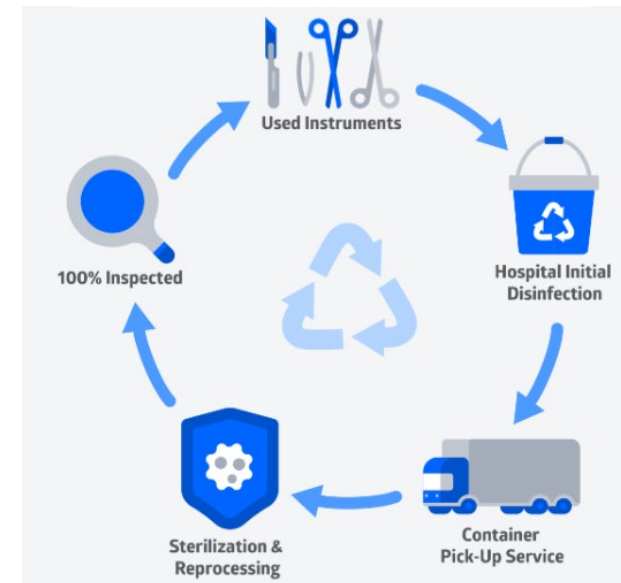
Par Reduction and Reusable Instruments ✓

- High-volume usage of reusable instruments in combination with intermittent SPD staffing concerns, can lead to delayed turn around times for clinics to receive instruments back
- Continued compliance issues with management of reusable instruments is a patient safety and regulatory concern
- We are continuing to push toward reducing instrument inventory and replacing reusable instruments with DISPOSABLE or recyclable instruments where possible

Disposable Reprocessing Steps



Recyclable Reprocessing Steps



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Ambulatory Surgical Site Infection Surveillance

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SSI Surveillance

- Looks different from inpatient setting
 - Not performing traditional CLABSI, CAUTI, LabID surveillance
- Outpatient SSI module for NHSN (Outpatient Procedure Component Surgical Site Infection – OPC-SSI)
 - [OPC SSI Surveillance \(cdc.gov\)](https://www.cdc.gov/opcsurgicalsite/)
 - Not reportable unless your facility is enrolled
 - Similar definitions to inpatient SSI reporting, however no use of Chapter 17 for organ/space
 - Breast and KPRO infections are classified as own infection type (rather than General OPC-SSI criteria)



NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

January 2025

Outpatient Procedure Component Surgical Site Infection (OPC-SSI)
Surveillance

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Table 4C. Table 4C. Knee prosthesis (KPRO) Surgical Site Infection Criteria

The Knee prosthesis (KPRO) Surgical Site Infection instructions apply to surgical site infections (SSIs) during the 30-day (superficial SSI) and 90-day (deep and organ/space SSI) surveillance periods following knee prosthesis performed in Ambulatory Surgery Centers (ASC). *Use the General OPC-SSI criteria for all operative procedures except breast surgery (BRST) and knee prosthesis (KPRO).*

SSI Surveillance

Outpatient SSI Surveillance Components:

- OR Auditing
 - Surgical scrub process
 - Skin preparation
 - Aseptic technique adherence
 - Environment of care
 - Sterile processing department
- Increasing regulatory requirements from surveyors
 - SSI Data shared with State CMS (FSOF) surveyors
- Modified outpatient RCA tool
- More complex cases moving to ASCs (e.g., hip/knee replacements, spinal fusions)
- Need to choose what cases to perform surveillance on (your high-volume cases may not be NHSN reportable)



SSI Surveillance: Procedure Types

- Reports were pulled of all types and numbers of procedures performed at each location
 - ~20,000 individual surgical cases pulled
 - Compared which procedure CPT codes were already included in list of NHSN procedures
 - ❖ Not all cases we decided to review are included in the NHSN CPT list, but many are
- Excluded cataract cases (even though volume is very high, did not find SSI cases – not high risk)
- Collaborated with inpatient IP partners for two locations not yet part of ambulatory umbrella
- Compared data between sites
- **Selected procedures:**
 - **That were the most complex**
 - **Had large numbers performed**
 - **Those with a previous history of adverse outcomes**
- We continue to revise our list of reviewed procedures based on trends and areas of concern

HFH Ambulatory SSI Surveillance Procedures by ASC

- **Cottage:**
 - Mammoplasty Reduction
 - Mastectomy Simple
 - Arthroplasty Total Hip
 - Arthroplasty Total Knee
- **Fairlane:**
 - Mammoplasty Reduction
 - Excision Lesion with Radiological Marker Breast
 - Decompression Median Nerve w/Carpal Tunnel Release
 - Austin-Akin Bunionectomy
- **Lakeside:**
 - Repair Hernia Inguinal
 - Austin-Akin Bunionectomy
- **Plymouth:**
 - All procedures
- **Royal Oak:**
 - Arthroplasty Total Hip
 - Arthroplasty Total Knee

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Ambulatory Construction & Facilities

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Construction

Challenges:

- New building construction vs. existing building construction
 - Encounter more sub-optimal building design issues in outpatient clinics
 - Lease vs. owned buildings
 - Best practice vs. budget
 - Must follow FGI 2018 for outpatient settings (version currently recognized by TJC)



Facilities Issues

- The following issues occur frequently in ambulatory clinics:
 - Flooding, Leaks
 - Boil water advisories
 - Loss of water pressure
 - HVAC – No A/C in summer
 - HVAC – No heat in winter
 - Power outages
 - Fire/post-fire remediation
- Elements that complicate facilities issues include:
 - Lease vs owned buildings
 - Hours of operation (determining when issues started)
 - Proper communication/escalation



Tackling Construction & Facilities Issues

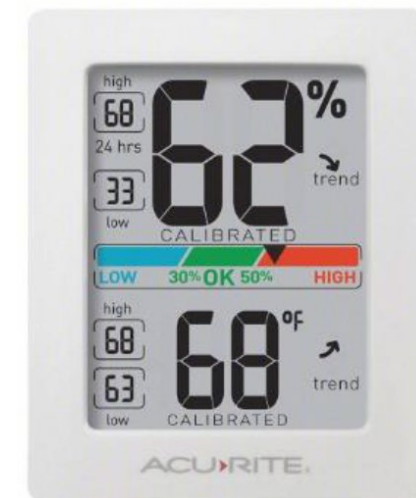
Construction:

- Utilizing 2018 FGI guidelines for new renovations
 - Balancing budget vs best practice
- Involved in design and construction phase of each project
- Working closely with new ambulatory operations manager to be informed of each project and ensure consistency throughout clinics
- Developed ICRA educational course for facilities staff and project managers



Facilities Issues:

- 24/7 IC on-call phone
- Formation of the Ambulatory Response Team (ART)
- Use of hygrometers in sensitive areas
- Policy development on how to handle water intrusions and disruptions



Ambulatory Construction

- Many unique projects with diverse challenges
 - As IC and Regulatory requirements have evolved, old building infrastructure creates compliance challenges (*e.g., an old closet being turned into a reprocessing room*)
 - To support growing community needs, multiple free-standing medical centers have been built
 - Entire buildings have been closed and re-opened
- Infection Prevention is included throughout each step of the construction process, from initial design meetings, to ICRA walk throughs, to final sign-off



ICRA Process

- Infection Control is notified of upcoming project (either due to emergent need or planned construction)
 - IC is included in planning and design phase of construction to ensure all regulations are compliant
 - ICRA is completed by IC with input from members of construction team, facilities, clinical leaders (and others such as accreditation, employee safety, pharmacy as needed)
 - ICRA checklist is required for level 4 and 5 projects
 - Post construction assessments are required for level 4 and 5 projects

Infection Control Risk Assessment (ICRA) Form

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ADDITIONAL REQUIREMENTS or EXEMPTIONS as follows (attach additional page(s) if necessary):

Notify Infection Control of any change in scope of work, or any questions regarding requirements. Additional requirements include but are not limited to air quality requirements, utility requirements, noise, vibration, emergency procedures/preparedness.

Infection Control Risk Assessment (ICRA) Form

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Level I:	1. Employ work methods to minimize raising dust. 2. Perform work activity in manner that does not block or interrupt patient care. 3. Spray exterior surface of water-damaged ceiling tiles with quaternary detergent germicide (e.g., Benefect) before removal and replacement. 4. Immediately replace a ceiling tile displaced when not actively working within tile area.
Date:	
Initials:	
Level II:	All Level I requirements and the following: Utilize HEPA vacuum and wet sanding methods during any cutting/dust generating work.
Date:	
Initials:	

Entry? ☐ YES ☒ NO

☐ YES ☒ NO

th the Project Manager/Contractor Supervisor.

te

these requirements.

Infection Control Risk Assessment (ICRA) Form

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Campus/Location:	Project Title:		
Project Scope:			
Contractor Manager/Supintendent:	Project Manager:		
Construction Company:	Projected Start Date/Estimated Duration:		
ICRA form is valid until construction is complete, or a change in work scope is submitted			
Select Type	CONSTRUCTION ACTIVITY	Select Highest Risk	INFECTION CONTROL RISK GROUP
	Type A: Inspection and noninvasive activities		Group 1: Low Risk
	Type B: Small scale, short duration activities that create minimal dust		Group 2: Medium Risk
	Type C: Moderate to high dust generation or requires demolition/removal of fixed building components/assemblies		Group 3: High Risk
	Type D: Major demolition and construction projects		Group 4: Highest Risk
Rationale:	Rationale:		

anged routinely and when visibly soiled.
istic containments/mobile HEPA

m. Remove/isolate the supply air

mp-wiped clean and free of visible dust/

1. all times. "If negative pressure is required,

) and all Level IV or V projects:

I extend to ceiling or ceiling deck if ceiling is
rily.
just air to outside. Exhaust into shared or
aust) is not acceptable.
ork containment to continually monitor
ble.

hing must be clean and free of visible dust
acceptable.
pected.

ntaminates do not enter the occupied

Require all to pass through to enter/exit site.
ties. Coveralls must be removed before

Construction Activity/Infection Control Matrix

Construction Activity → Risk Group ↓	Type A	Type B	Type C	Type D
Low	Level I	Level II	Level II	Level III*
Medium	Level I	Level II	Level III*	Level IV
High	Level I	Level II	Level IV	Level V
Highest	Level III	Level IV	Level V	Level V

Environmental conditions that could affect human health, such as sewage, mold, asbestos, gray water and black water will require Class of Precautions IV for LOW and MEDIUM Risk Groups and Class of Precautions V for HIGH and HIGHEST Risk Groups.

*Type C [Medium Risk groups] and Type D [Low Risk Groups] work areas [Class III precautions] that cannot be sealed and completely isolated from occupied patient care spaces should be elevated to include negative air exhaust requirements as listed in Class IV Precautions.

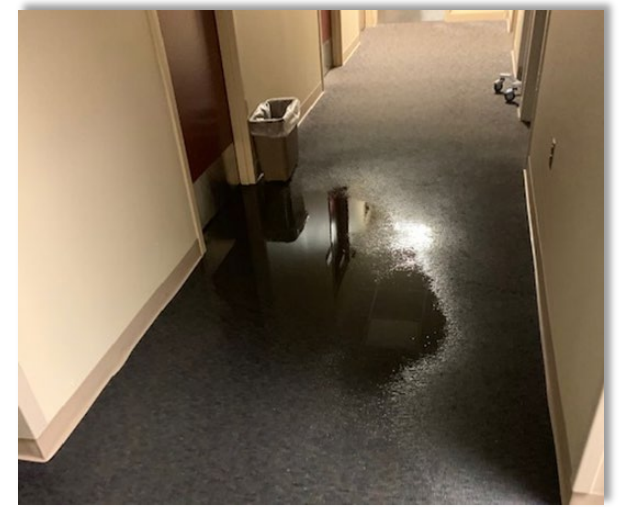
Water Intrusions

Notification & Response:

- Have a plan!
- “Ambulatory Response Team”
 - Facilities, Infection Control, Operations Team Members, Clinic Leadership, Executive Leaders, Employee Safety, other departments as needed
- Do these photos look familiar?



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Other Ambulatory Considerations

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Environmental Cleaning

- Environmental services does not turn over rooms (even isolation rooms)
 - Frontline staff need to be educated on process
 - OR cleaning may not be done by environmental service staff as well
 - Environmental services may not be on site throughout the day (only come in evenings/once per day, may cover multiple sites)
 - Some sites utilize contracted companies (not health system employees)
- Initiatives:
 - OR cleaning process course and competency
 - Procedure room cleaning process course



Ambulatory Surgery Center OR Room Turnover Cleaning Process CurriculumOptions ▼

Expired training is not included in section or curriculum progress percentage calculations

100%

Ambulatory Surgery Center OR Room Turnover Cleaning Process

Completed : 2Min Required : 2Total Items : 2



Ambulatory Surgery Center OR Room Turnover Cleaning Process

Status : CompletedDue : No Due Date

View Certificate ▼



Amb Surg OR Room Turnover Cleaning Process Test

Status : CompletedDue : No Due Date

View Certificate ▼

Hand Hygiene

- In most Ambulatory settings, hand hygiene opportunities take place behind closed doors in exam rooms (*making typical "Stealth" or "Coaches" hand hygiene observations difficult*)
- Patient observations via a voluntary, short survey have been an impactful alternative
- Requires collaboration with Patient Education, front desk staff, and clinic staff
- Surveys highlight the importance of hand hygiene to patients and allow patients to provide comments
- Average ~11,000-12,000 hand hygiene observations per month

Patient feedback survey: hand hygiene

Washing hands with soap and water or using hand sanitizer helps stop the spread of germs.

Examples of hand hygiene



Hand washing with soap and water



Using hand sanitizer

Please watch staff while you are at your appointment and see if they did hand hygiene.

1. Did the **doctor** do hand hygiene? ☐ Yes ☐ No ☐ Not sure

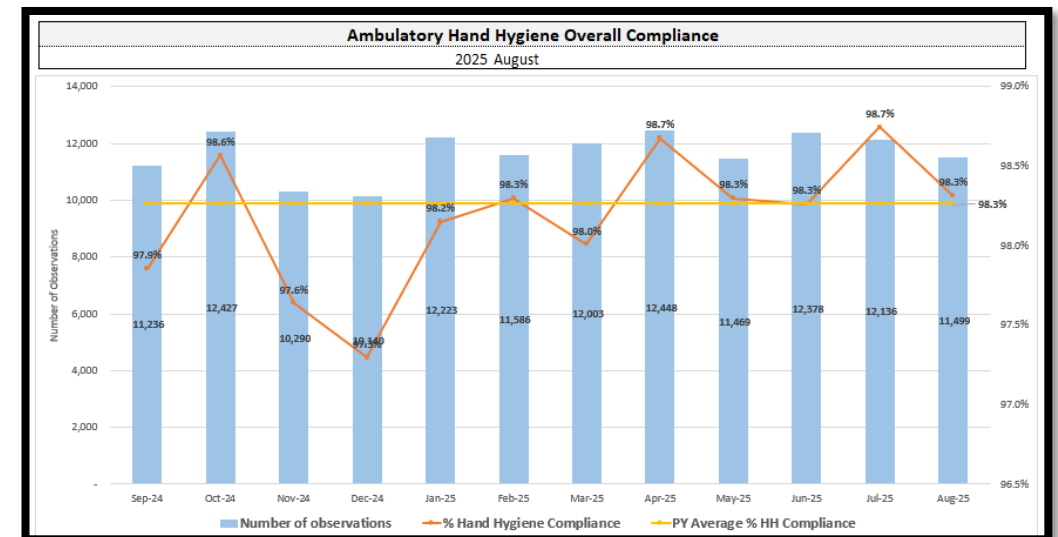
2. Did someone else such as a nurse or medical assistant do hand hygiene? ☐ Yes ☐ No ☐ Not sure

Share any comments or thoughts about hand hygiene:

Thank you for your time and feedback!

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Summary

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Summary

- While the day-to-day of an IP in the Ambulatory Setting can be vastly different from an inpatient IP (due to differences in settings with unique staffing, patients, equipment, instruments, etc.), **the focus remains on ensuring patient (and staff) safety**
- Isolation precautions remain a critically important tool, regardless of the setting, to prevent the transmission of communicable diseases to staff and patients
 - Standardization of isolation types allows for a streamlined approach to isolation education and patient management across all settings
- Exposures and outbreaks in the Ambulatory setting can differ from those in an acute care setting due to differences in patient management/clinical workflow, staffing, building infrastructure, and methods of communication
- Maintaining compliant and safe HLD & Sterilization practices across the vast Ambulatory setting requires continuous auditing and consistent education
- Construction is consistently encountered in Ambulatory with unique challenges that must be worked through (ageing infrastructure, compliance concerns)



References

- FastStats - Physician office visits
- Hospitalization - Health, United States
- Guide to Infection Prevention For Outpatient Settings: Minimum Expectations for Safe Care
- Outbreaks and Patient Notifications in Outpatient Settings, Selected Examples, 2010-2014 | CDC Archive
- <https://www.cdc.gov/nhsn/pdfs/opc/opc-ssi-protocol-current-508.pdf>

Questions?

Contact Ambulatory Infection Prevention & Control

Email: AmbulatoryIC@hfhs.org

