

REBECCA BATTJES PRESENTS



Safety

SCAVENGER HUNT

DESIGNED FOR THE AMBULATORY HEALTHCARE SETTING



Disclosures

Rebecca is employed by Diversey. Her expenses to attend this presentation (travel, accommodation & salary) are paid by this company. Diversey has had no input into this presentation from a commercial interest.

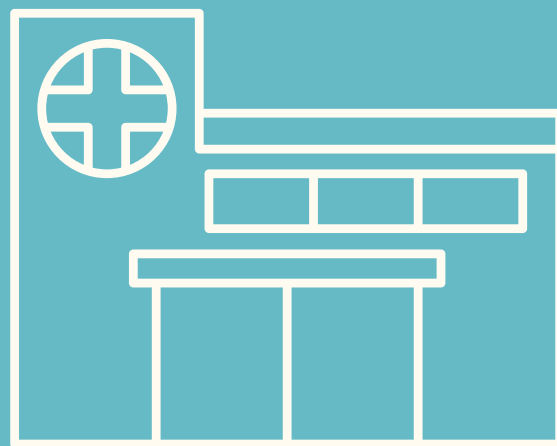
You Are Here



Objectives

- 01** Define at least three major differences between acute & ambulatory care settings.
- 02** Describe three common challenges identified during Environment of Care (EOC) rounding in the ambulatory setting.
- 03** Identify tools & resources available to the ambulatory infection preventionist (IP).

What is "ambulatory"?



Definition

Any care provided in a setting where individuals **do not remain overnight** (e.g., physician offices, urgent care centers, oncology clinics, hemodialysis clinics, hospital or nonhospital-based outpatient clinic and ambulatory surgery clinics & centers).

Environment of Care Rounds



Definition

Also known as "safety rounds," **multidisciplinary** recurring facility tours used to manage environmental risk through the **proactive** identification of **unsafe** conditions or **non-compliance**, and addressing corrective actions while **expanding interaction** with facility staff.

Beyond Today's Scope

Here's what we *aren't* specifically talking about today, as each of these topics is very nuanced & each deserves its own time in the spotlight.

Hemodialysis Centers

Home Care

High-Level Disinfection (HLD)

Endoscopy

Sterilization

Hospice

Infusion & Oncology Centers

Dentistry

Acute Care vs. Outpatient IP

- What are some of the major differences?
- What is the implication of these differences on an infection prevention & control program?



REGISTERED NURSES (RNs)

VS

MED ASSISTANTS (MAs)

- Who is the primary audience?
- Consider different levels of education & experience
- Unique scopes of practice
 - Med administration/access (nurse)
 - Lab draws
 - IV starts



HOSP BLDG CODE

vs

BIZ OCCUPANCY

- Rules & regs may vary state to state
- Work w/ life safety officer
- Examples:
 - Alcohol-based hand rub in hallways?
 - Air handling/air exchanges



LARGE BLUEPRINT

VS

SMALL SPACES

- Spatial considerations
- Acute care: dedicated soiled utility, clean storage & (locked) med room
 - **Focus on separation of clean & dirty!**
- If prepping instruments for reprocessing, is dedicated soiled area available?
- Conversion of exam rooms?



TRANSMISSION-BASED ISO

VS

STANDARD PRECAUTIONS

- Acute care settings are generally familiar with using iso signage, PPE usage, enhanced cleaning & disinfection
- MDRO history commonly unknown in OP setting, unless actively being ruled out (e.g., *C. diff*)
- Unique charting makes identification difficult

V.A.5.d. In ambulatory settings

#	Recommendation	Category
V.A.5.d.	Use Standard Precautions for patients known to be infected or colonized with target MDROs, making sure that gloves and gowns are used for contact with uncontrolled secretions, pressure ulcers, draining wounds, stool incontinence, and ostomy tubes and bags.	II

INTEGRATED EMR

vs

PAPER/STAND ALONE

- Plethora of surveillance challenges:
 - Surgical site infection (SSI)
 - MDRO hx
 - Communicable disease hx & reporting
 - Antibiotic hx



ONSITE EMPLOYEE HEALTH

VS

NEAREST ER?

- Where do staff go if BBF exposure occurs?
- Some sites may be 50+ miles away from the main/primary campus
- Are OP/ambulatory staff included in new hire orientation?



DEDICATED IP PRESENCE

VS

SIX MONTH SWEEP?

- Are IPs the outsiders?
- Building relationships can be a challenge if IP is not physically present.
 - Consider OP staff turnover



Acute Care vs. Outpatient IP

REGISTERED NURSES (RNs)

vs

MED ASSISTANTS (MAs)

HOSPITAL BLDG CODES

vs

BIZ OCCUPANCY

LARGE LAYOUT

vs

SMALL SPACES

TRANSMISSION-BASED ISO^{*}

vs

STANDARD PRECAUTIONS

INTEGRATED EMR

vs

PAPER-BASED

ONSITE EMP HEALTH

vs

NEAREST ER?

DEDICATED IP PRESENCE

vs

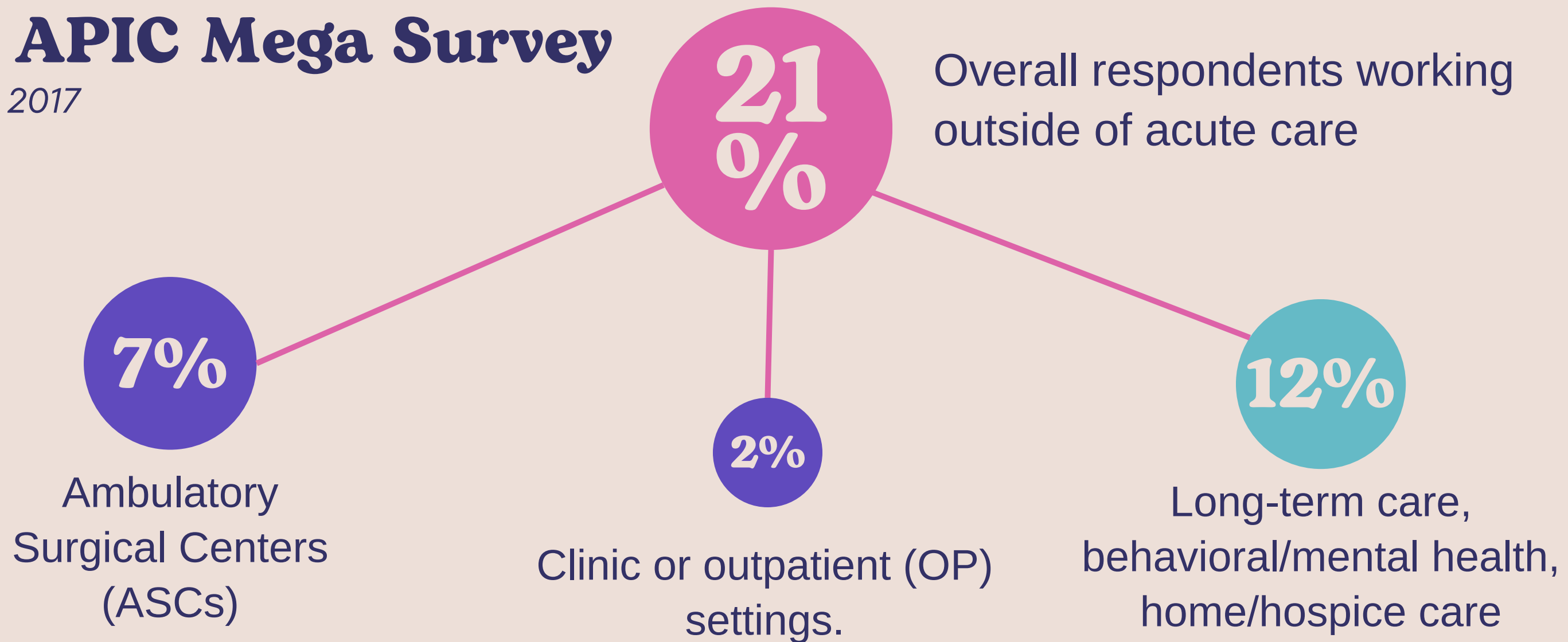
SIX-MONTH SWEEP?



Non-Acute Care Infection Prevention: APIC 2015 Mega Survey

2015 APIC Mega Survey

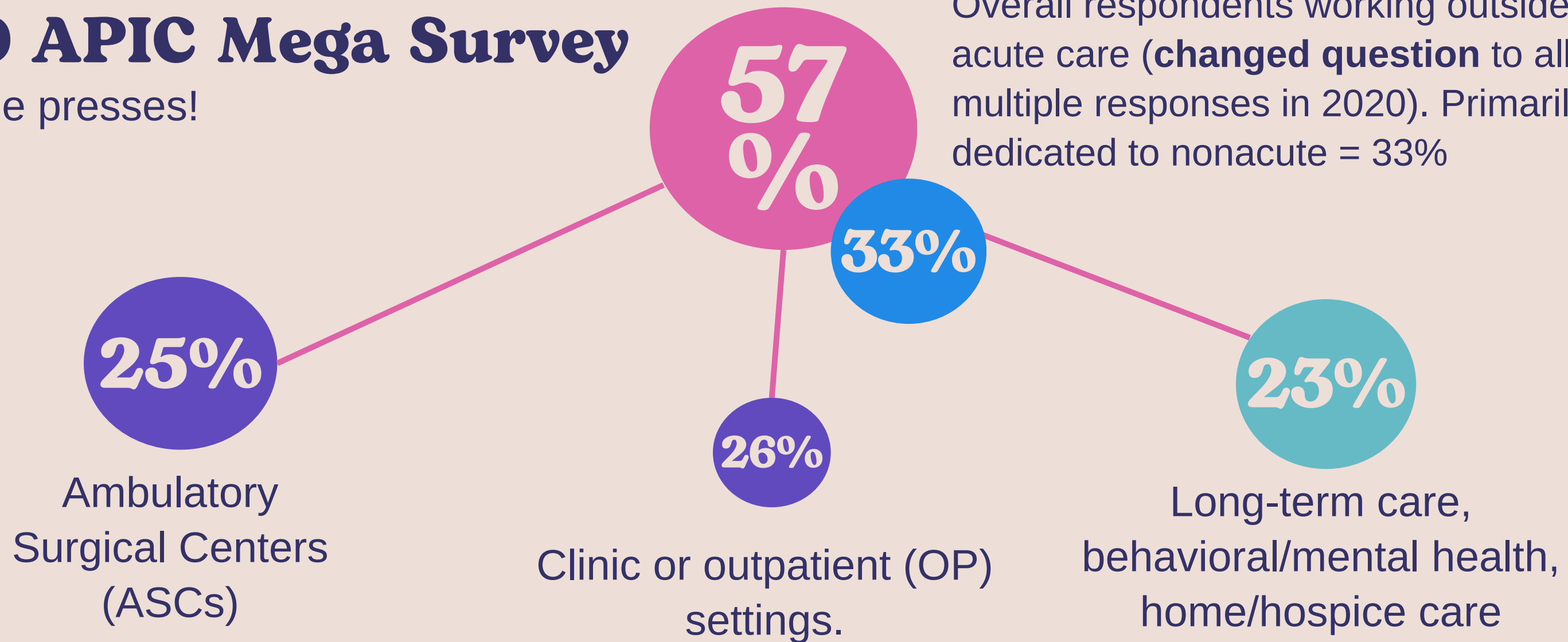
Published 2017



Current State of Non-Acute Care Infection Prevention?

2020 APIC Mega Survey

Hot of the presses!

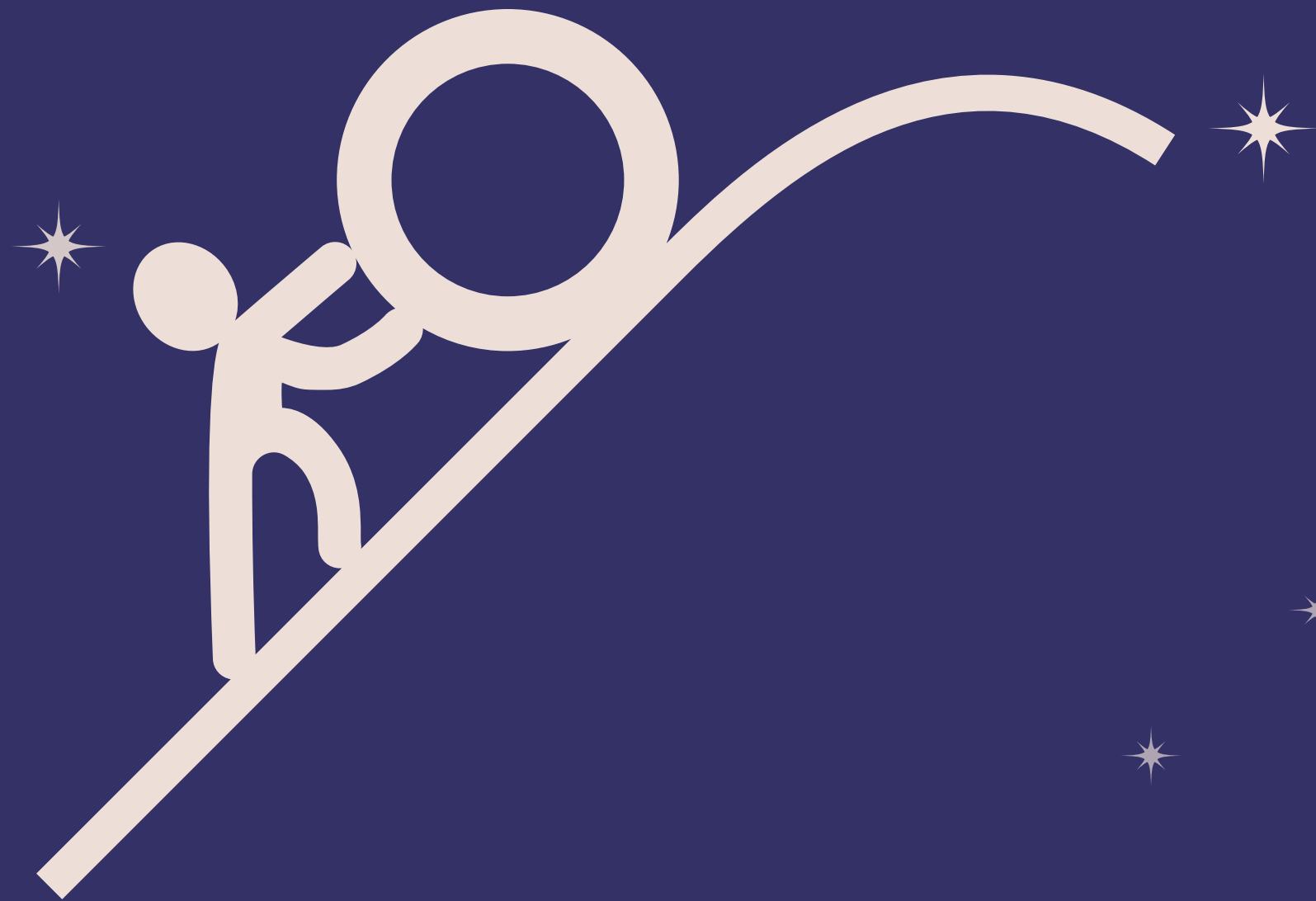


Ambulatory IP Fast Stats

Characteristic	ASC	Clinic or OP
<i>Primary responsibility</i>		
• Single facility	86%	34%
• Multiple facilities	12%	48%
• Corporate	1%	18%
CIC-certified	6%	27%

- ASC IPs were more likely to be responsible for one facility.
- Almost half of clinic/OP IPs have "multiple facility" oversight.
- Only 6% of ASC IPs reported being CIC certified, despite the high-risk setting & complex regulations surrounding CD&S of surgical instruments.
- 27% of clinic/OP IPs reported being CIC certified.

OP IP Challenges



Limited IP staffing

Lack of direct involvement

OP staff lacks basic IP
knowledge

Difficulties in conducting
surveillance

Pogorzelska-Maziarz M & Manning ML. 2016. American Public Health Association (APHA) conference abstract. Denver, CO.
https://apha.confex.com/apha/144am/meetingapi.cgi/Paper/368451?filename=144am_Abstract368451.pdf&template=Word.

Accessed on August 18 2022.

A Word on Regulatory Accreditation: *A Tale of Two Health Centers*

Why are some ambulatory physician practices included in regulatory surveys while others are not?

Who covers the clinics that are not under an acute care hospital's regulatory umbrella? (The answer is *no one*.)

Michigan Health Center #1

Two acute care hospitals
(separate CCNs) combined
840 inpatient beds

2 affiliated freestanding
ASCs

1 freestanding ER

80+ ambulatory sites covered
under hospital accreditation
umbrella. Hundreds of clinics
not included.

5 FTE IPs;
zero dedicated to OP

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zero dedicated to OP

Michigan Health Center #2

One 877-bed acute care
hospital

3 affiliated freestanding
ASCs

2 freestanding ERs

400+ ambulatory sites
covered under hospital
accreditation umbrella (all
clinics included).

9 FTE IPs;
4 FTEs dedicated to OP!

HIRE MORE IPS

HIRE MORE IPS

HIRE MORE IPS

Let's begin!

Safety
SCAVENGER HUNT



Know Before You Go!

Develop & maintain a tracking tool for every ambulatory site.



COST CENTER	SITE	MANAGER/ PHYSICIAN(S)	PHONE #	SERVICES KEY	HOURS OF OPERATION	MEDICATION KEY
				1. Administration of High Risk Meds 2. Administration of blood products 3. Perform Outpatient Dialysis 4. Administration of Moderate Sedation/Anesthesia 5. Perform invasive procedures 6. Imaging services 7. Laboratory (CLIA) Services 8. Hazardous Compounding 9. Oncology Services (Chemotherapy, Infusions, Compounding) 10. Point-of-Care devices onsite (glucometer, coag, etc) 11. Prep & transport of soiled instruments to offsite SPD 12. High-level disinfection onsite 13. Sterilization onsite 14. Storage of sterilized, reprocessed instruments		1. Emergency Meds (no crash cart) 2. Sample Medication 3. Crash Cart
12345-001	Neurosurgery Clinic					
	100 Main St	Manager: Taylor Swift	XXX-XXX-XXXX	6		
	Nowhere, MI	Director: Harry Styles	XXX-XXX-XXXX		M - F: 9a - 5p	
	313-XXX-XXX	Physician: Ed Sheeran, MD	XXX-XXX-XXXX			
12345-006	Infusion Center					
	2022 Healing Dr.	Manager: Jane Smith	XXX-XXX-XXXX	1	M - F: 9a - 5p	1. Emergency meds (no crash cart)
	Everywhere, MI	Director: Holly Golightly	XXX-XXX-XXXX	2		
	810-XXX-XXXX	Physician: Phoebe Bridgers, DO	XXX-XXX-XXXX	8		
				9		
				10		
54321-231	Family Practice					
	422 FP Way	Manager: Maggie Rogers		1	M, T, Th 9a - 5p	
	Detroit, MI	Director: Harry Styles		5	W 9a - 8p	
	313-XXX-XXXX	Diana Ross, MD		7	F 9a - 12p	
				10		
				11		
				14		



Outpatient *Physician Clinic*



Cupboards & cabinets

A world of surprises awaits!



Cupboards & cabinets

A world of surprises awaits!

- Contaminated glucometers, coagulation & other POC devices
- Hidden food & drinks amongst clean supplies
- Open patient supplies, contaminated with dust
- Undated multidose vials stored in exam rooms
- Personal items (purses, backpacks) in clean storage
- Expired equipment (swabs, blood tubes, etc.)
- Random sterilized equipment where temp & humidity is not monitored



What's Wrong with This Picture? Outpatient Exam Room



What's Wrong with this picture?

Healthcare workers need to be extra aware of where germs are found and how they can be spread to surfaces and people. We can help stop infections when we recognize the risk for germs to spread!

In this outpatient room, select four problems that need to be fixed to reduce the spread of germs.

Show Me The Answers



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



PROJECT
FIRSTLINE

CDC'S National Training Collaborative
for Healthcare Infection Prevention & Control





Cleaning & Disinfection



Surface Cleanability

- Cloth, porous or wooden furniture
- Carpet
 - BBF spills, flooding?
- Tears & punctures in exam tables, phleb chairs
 - FDA-registered patch alleviates reupholstering costs
- Broken, cracked, or rusted equipment?

Product Use & Compatibility

- How many products are being used?
- If contracted EVS, are they using EPA-reg'd, hospital-approved products?
- Is it the same company across ALL sites?
- Label pathogen kill claims?
- Does the product dry before bugs die?
- Is it safe for patients & HCP?

Housekeeping/EVS vs Staff Responsibility

- Hospital-based EVS or contracted cleaning service?
 - Trash & dash? Ask the staff!
- WHO cleans WHAT and WHEN/HOW OFTEN?
 - Consider MIFUs
- Multidisciplinary group should determine frequency & responsibility!

Ambulatory Site Environmental Contamination

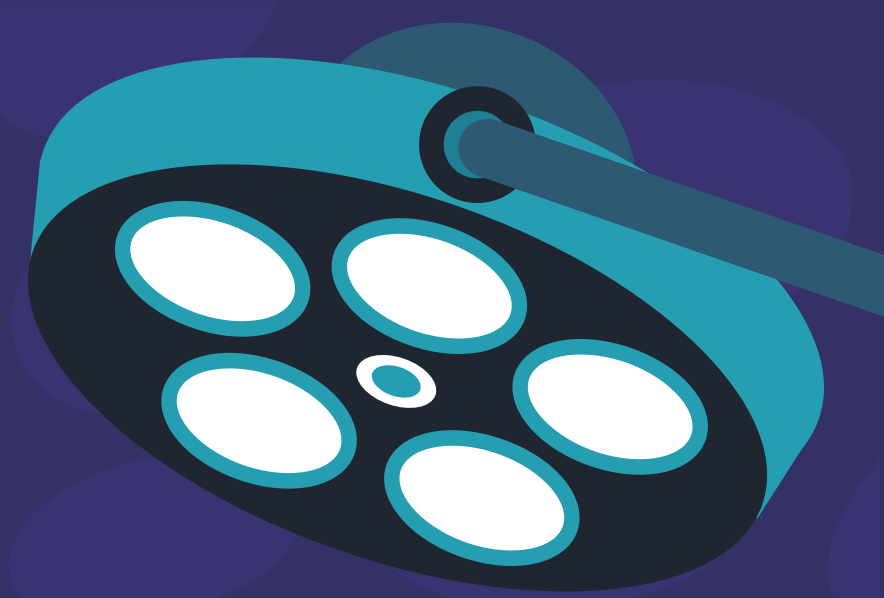
Table 3. Environmental Contamination in Outpatient Clinics

Organism	Clinic 1 (N=104)	Clinic 2 (N= 66)	Clinic 3 (N=55)	Clinic 4 (N=55)	Surgery Center (N=205)	Total Samples (N=485)
Any MRSA, VRE, <i>C. difficile</i> , GNB	16 (15.4)	4 (6.1)	5 (9.1)	1 (1.9)	4 (2.0)	30 (6.2)
MRSA	3 (2.9)	0 (0)	0 (0)	0 (0)	1 (0.5)	4 (0.8)
VRE	5 (4.8)	0 (0)	1 (1.9)	0 (0)	0 (0)	6 (1.2)
<i>C. difficile</i>	5 (4.8)	0 (0)	2 (3.6)	1 (1.9)	1 (0.5)	9 (1.9)
GNB ^a	3 (2.9)	4 (6.1)	2 (3.6)	0 (0)	2 (1.0)	11 (2.3)
<i>Candida</i> spp	22 (21.2)	5 (7.6)	4 (7.3)	6 (10.9)	8 (3.9)	45 (9.3)
Marker removal (%), no. removed/no. placed (%)	4/54 (7.4)	35/98 (35.7)	21/61 (34.4)	28/44 (63.6)	82/99 (82.8)	170/367 (46.3)

Note. GNB, gram-negative bacilli; MRSA, methicillin-resistant *Staphylococcus aureus*; *C. difficile*, *Clostridioides difficile*; VRE, vancomycin-resistant enterococci.

^aGNB included Enterobacteriaceae, *Pseudomonas aeruginosa*, *Acinetobacter baumannii*, and *Stenotrophomonas maltophilia*.

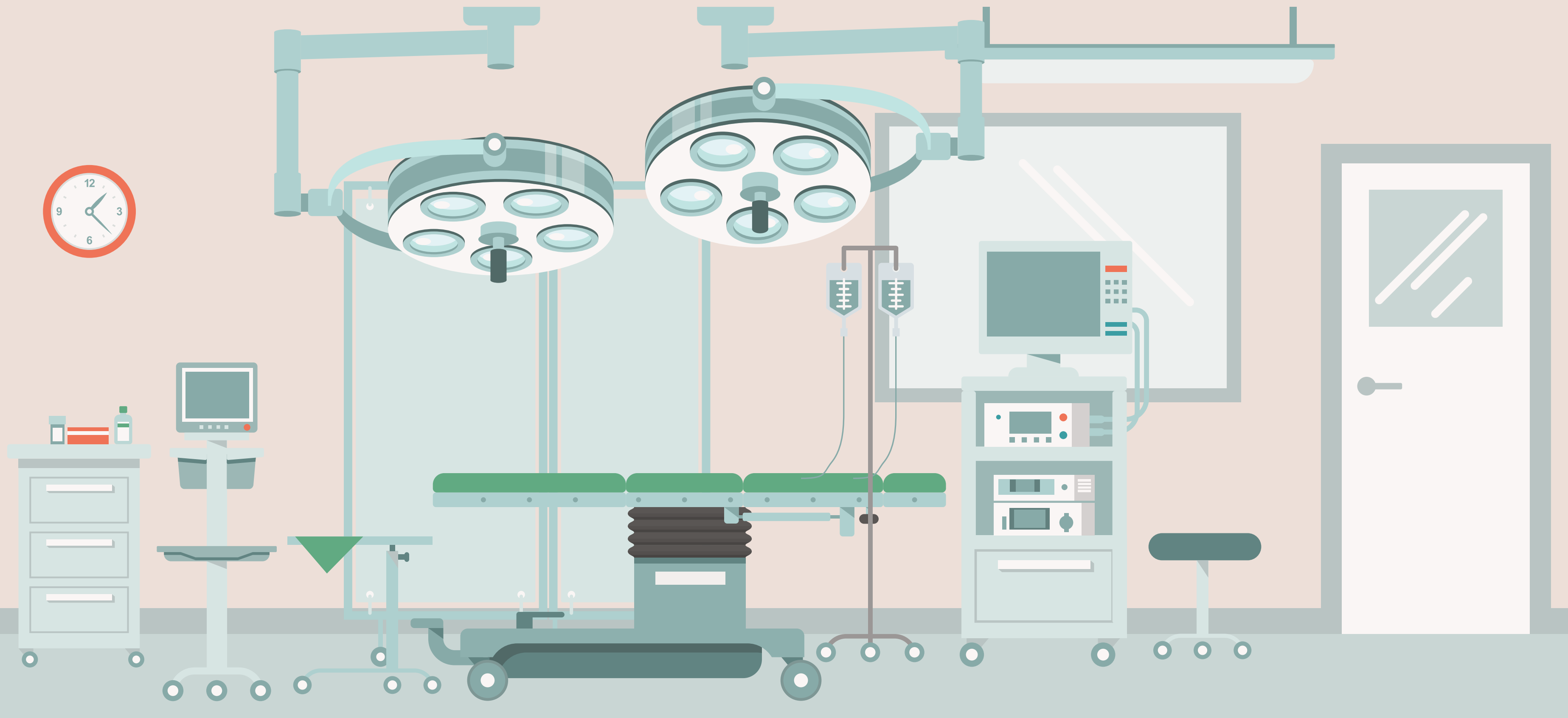
Cadnum, J., Pearlmutter, B., Jencson, A., Haydar, H., Hecker, M., Ray, A., . . . Donskey, C. (2022). Microbial bioburden of inpatient and outpatient areas beyond patient hospital rooms. *Infection Control & Hospital Epidemiology*, 43(8), 1017-1021. doi:10.1017/ice.2021.309

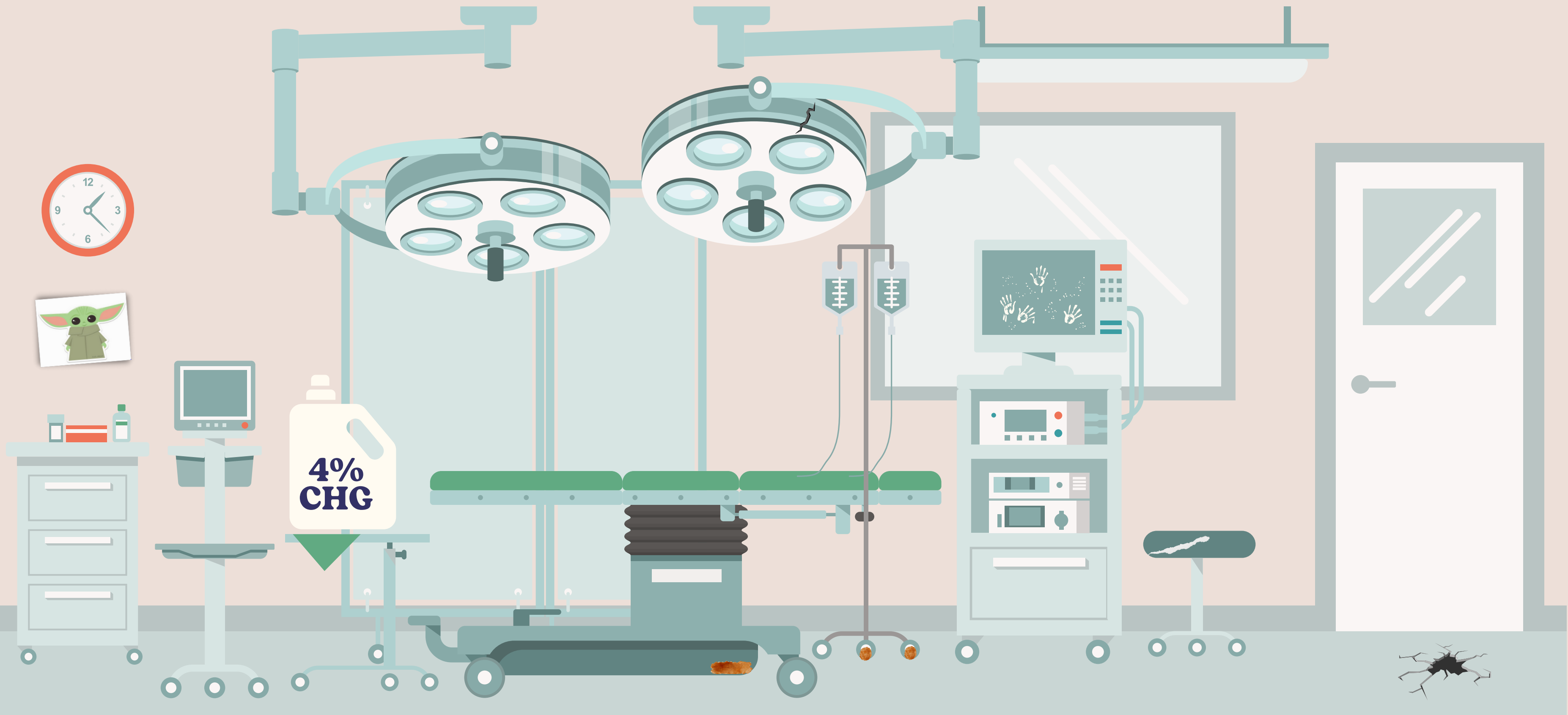


Ambulatory *Surgical Center*



Don't forget! Look up & down . . .





Feeling overwhelmed?

Start with an SBAR. Stick to the facts. Keep your passion in check.

S

Situation: patient's / client's details - identify reason for this communication, describe your concern

B

Background: relating to the patient / client, significant history - this may include medications, investigations, treatments

A

Assessment: your assessment of the patient / client or situation - this can include clinical impression, concerns, vital signs, early warning score

R

Recommendations: be specific - explain what you need, make suggestions, clarify expectations, confirm actions to be taken

OR Floors Post-SBAR

- SBARs work!
- Including photos **brings the problem to the decision-makers** (who rarely visit ambulatory sites)
- Be patient, professional & persistent.
 - August: SBAR drafted & presented to CNO & CEO
 - October: SBAR presented to MEC & GB
 - December: Flooring contractor assessment
 - January: ICRA
 - Late February: New floors installed!



Never Have I Ever . . .



**Let's look at some common
and not-so-common
ambulatory EOC findings!**

**Remember, what happens in
one facility, can happen in
any facility. We learn from
one another's opportunities,
but we never judge!**



Labeling clean & dirty sinks is a great practice.

- Used speculum in clean hand hygiene sink.
- Poses risk to HCPs.
- Practice had previously fallen under hospital umbrella, but was removed (no IP oversight).

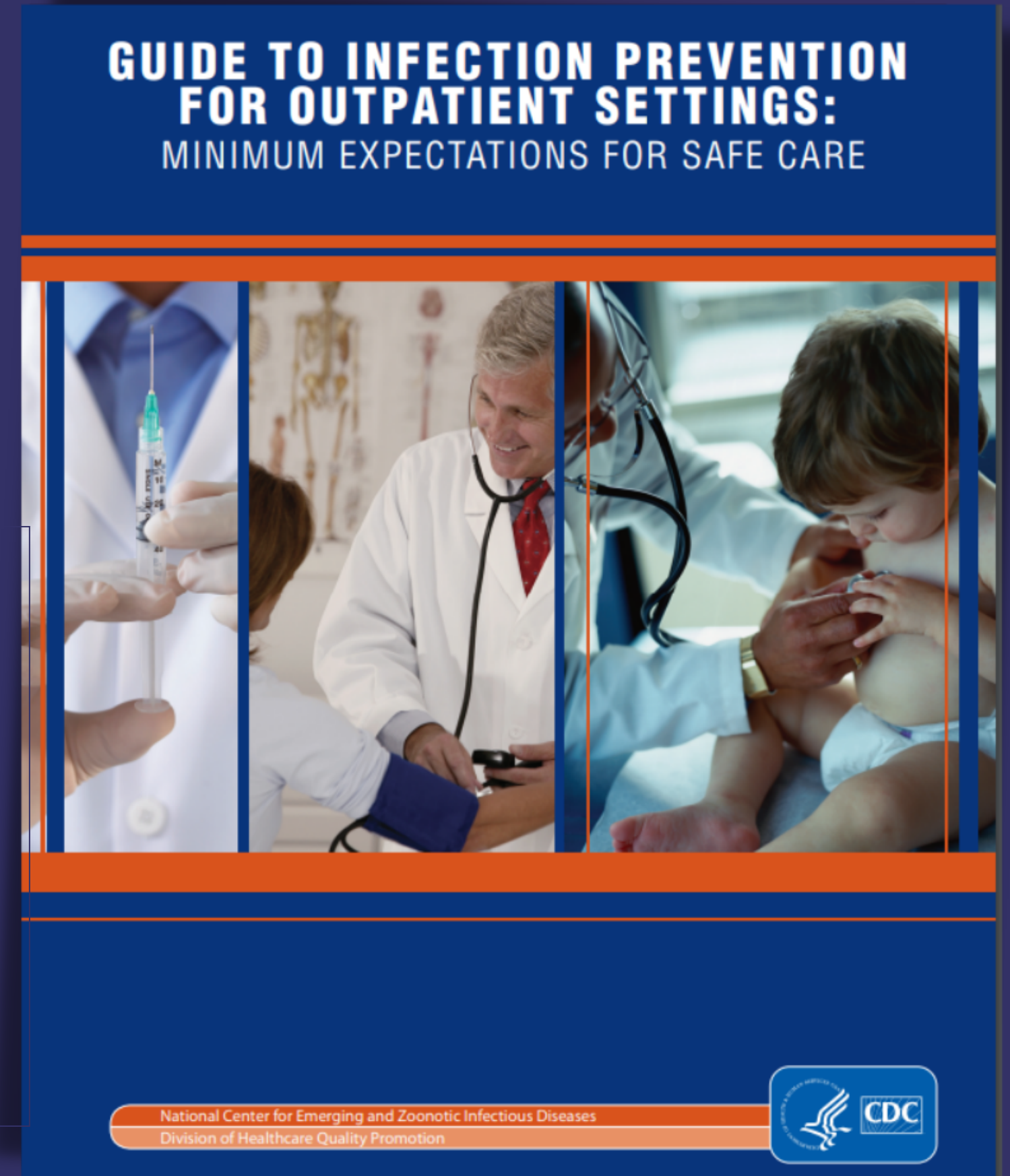


*Tools &
Resources*

CDC's Guide to Infection Prevention for Outpatient Settings:

Minimum Expectations for Safe Care

- Approx 40 pages
- Appendix is excellent template for both new & experienced IPs
- Gap Assessment for specific domains



<https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>

IX.b. Point-of-Care Testing (e.g., blood glucose meters, INR monitor)

If point-of-care testing is never performed at the facility check **O Not Applicable** here and skip to Section X.b. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. New single-use, auto-disabling lancing device is used for each patient. <i>Note: Lancet holder devices are not suitable for multi-patient use.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
B. If used for more than one patient, the point-of-care blood testing meter is cleaned and disinfected after every use according to manufacturer's instructions. <i>Note: If the manufacturer does not provide instructions for cleaning and disinfection, then the testing meter should not be used for >1 patient.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	

X.b. Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered disinfectants) are available. <i>Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
B. High-touch surfaces in rooms where surgical or other invasive procedures (e.g., endoscopy, spinal injections) are performed are cleaned and then disinfected with an EPA-registered disinfectant after each procedure.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
C. Cleaners and disinfectants are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
D. HCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection). <i>Note: The exact type of correct PPE depends on infectious or chemical agent and anticipated type of exposure.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	

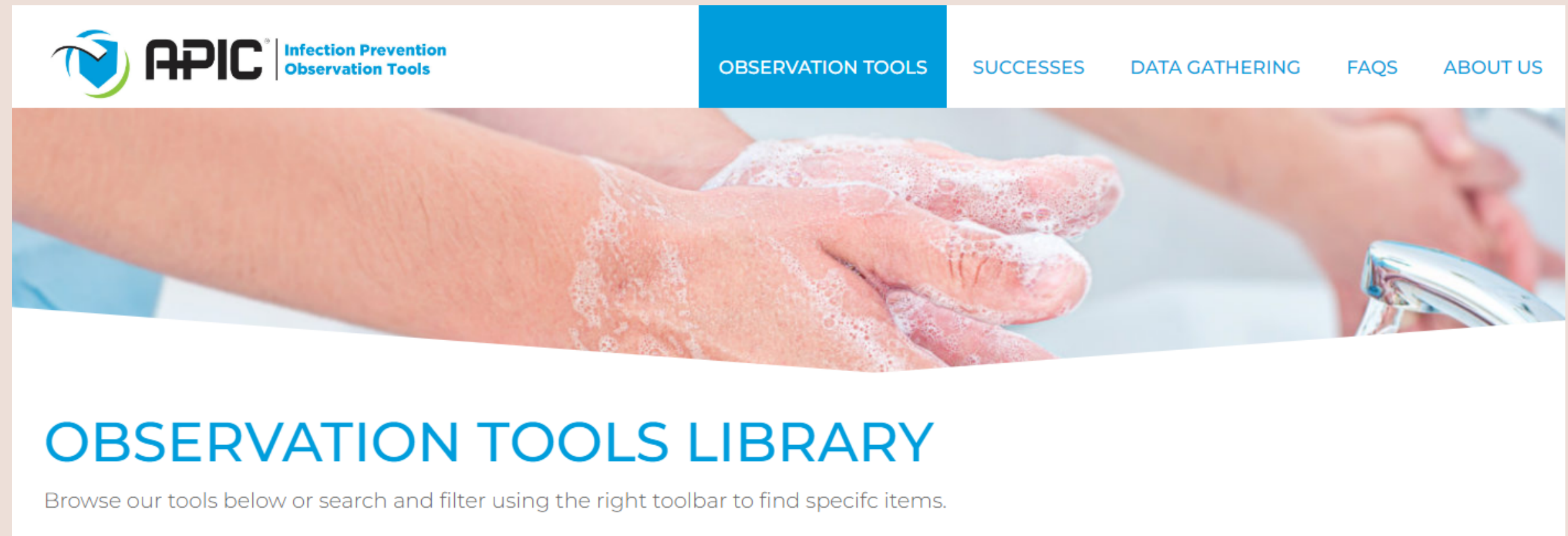
VII.b. Injection safety (This element does not include assessment of pharmacy/compounding practices)

If injectable medications are never prepared or administered at the facility check **O Not Applicable** here and skip to Section VIII.b. Respiratory Hygiene/Cough Etiquette

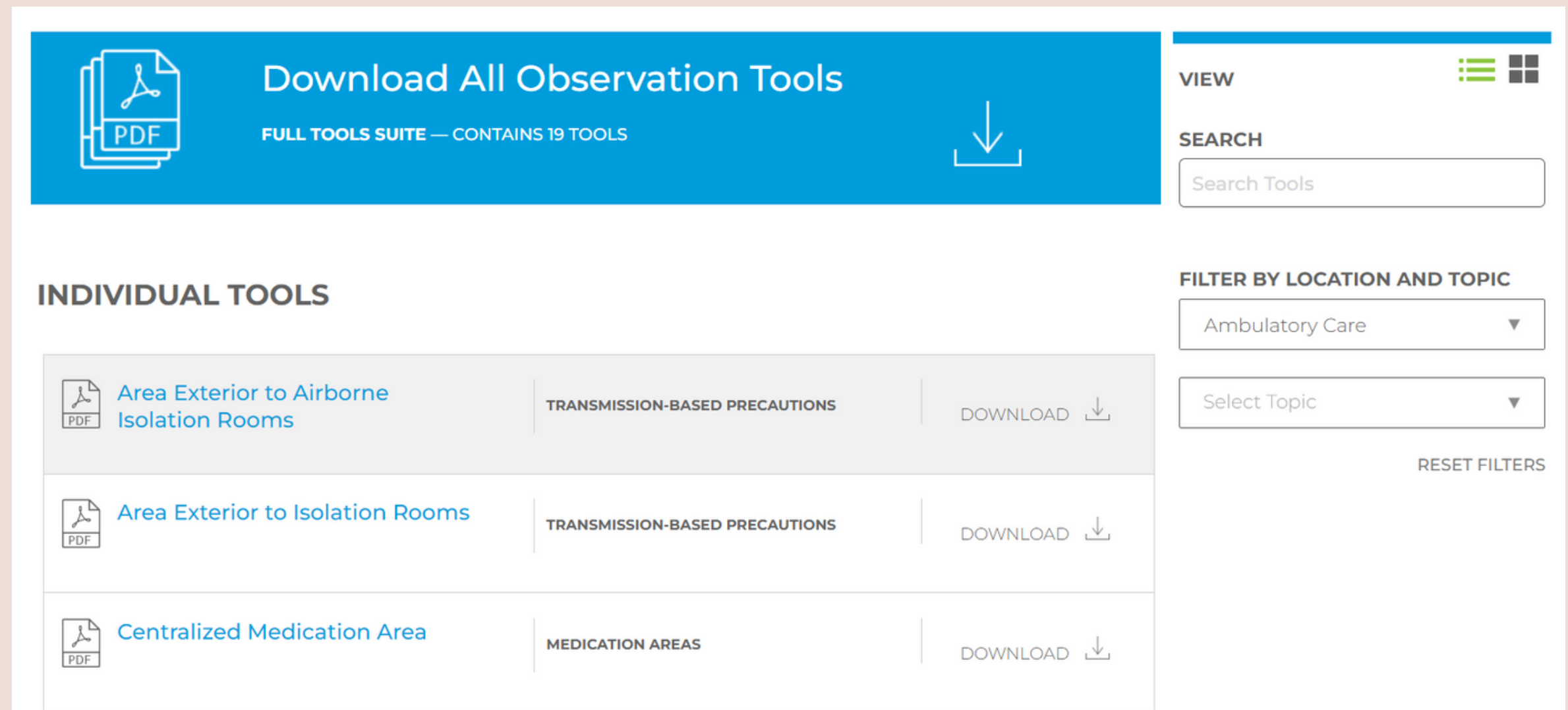
Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids or contaminated equipment.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
B. Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
C. The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
D. Medication containers are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
E. Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
F. Medication administration tubing and connectors are used for only one patient.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable (Facility does not use tubing or connectors)	
G. Multi-dose vials are dated by HCP when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <i>Note: This is different from the expiration date printed on the vial.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable (Facility does not use multi-dose vials or discards them after single patient use)	
H. Multi-dose vials to be used for more than one patient are kept in a centralized medication area and <u>do not</u> enter the immediate patient treatment area (e.g., operating room, patient room/cubicle). <i>Note: If multi-dose vials enter the immediate patient treatment area they should be dedicated for single-patient use and discarded immediately after use.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable (Facility does not use multi-dose vials or discards them after single patient use)	
I. All sharps are disposed of in a puncture-resistant sharps container.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	

QUOTs: apic/cdc colab

*Thematically arranged
& designed to be used
in a matter of minutes
and by anyone working
in healthcare today.*



The screenshot shows the top of the APIC website. The APIC logo is on the left, followed by the text "Infection Prevention Observation Tools". A blue navigation bar contains the following links: "OBSERVATION TOOLS" (highlighted), "SUCCESES", "DATA GATHERING", "FAQS", and "ABOUT US". Below the navigation bar is a hero image of hands being washed with soap. Underneath the image, the text "OBSERVATION TOOLS LIBRARY" is displayed in large blue letters, with a subtext: "Browse our tools below or search and filter using the right toolbar to find specific items."



The screenshot displays the main content area of the APIC Observation Tools Library. At the top, there is a blue banner with a PDF icon, the text "Download All Observation Tools", and "FULL TOOLS SUITE — CONTAINS 19 TOOLS". A download icon is on the right. Below this is a section titled "INDIVIDUAL TOOLS" containing a table of tool entries. To the right is a sidebar with a "VIEW" selector, a "SEARCH" box, and "FILTER BY LOCATION AND TOPIC" dropdowns. A "RESET FILTERS" link is at the bottom of the sidebar.

Tool Name	Category	Action
Area Exterior to Airborne Isolation Rooms	TRANSMISSION-BASED PRECAUTIONS	DOWNLOAD
Area Exterior to Isolation Rooms	TRANSMISSION-BASED PRECAUTIONS	DOWNLOAD
Centralized Medication Area	MEDICATION AREAS	DOWNLOAD



Instructions: Observe medication preparation area. For each category, record the observation. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of "Yes"+"No". Disregard not applicable categories.

Medication preparation room: Observation Categories				
1	If multi-dose injectable medications are present, is the medication container maintained in a dedicated medication preparation space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2	Is the medication preparation area free of opened single dose vials or opened single use containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Medications are prepared in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Are splash guards installed at sinks that are located close to medication prep areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Are sinks readily accessible to healthcare providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Are hand washing supplies, such as soap, and paper towels, available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Are alcohol dispensers readily available, filled, and functioning properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL (Total YES and No Only)				



Agency for Healthcare Research and Quality

Toolkit To Improve Safety in Ambulatory Surgery Centers



The Toolkit To Improve Safety in Ambulatory Surgery Centers helps ambulatory surgery centers (ASCs) make care safer for their patients. ASCs can use the toolkit to apply the proven principles and methods of AHRQ's Comprehensive Unit-based Safety Program (CUSP) to prevent surgical site infections (SSI) and other complications and improve safety culture in their facilities. The toolkit includes resources used by ASCs that

participated in the [AHRQ Safety Program for Ambulatory Surgery](http://www.ahrq.gov/hai/tools/ambulatory-surgery/index.html) project.

<https://www.ahrq.gov/hai/tools/ambulatory-surgery/index.html>

It Takes a Team Everyone in ambulatory surgery centers (ASCs) plays a role in **preventing surgical site and other harmful infections.**

Surgical site infections are **infections that can occur after surgery** in the part of the body where the surgery took place.¹

Surgical site infections are—*

- Dangerous**
Each year in the U.S., there are about **300,000 surgical site infections**. Patients with surgical site infections are **2 to 11 times as likely to die** as a result.²
- Costly**
Each year in the U.S., surgical site infections cost between **\$3.5 million and \$1 billion**.²
- Preventable**
Surgical site infections are one of the most common healthcare-associated infections, but **most of them are preventable**.²

* Because ASCs do not yet report surgical site infection data, these statistics are based on U.S. hospital data.

Patients and families should be encouraged to—

- ▶ **ASK** staff if they have washed their hands
- ▶ **BE ACTIVELY INVOLVED** in care by—
 - **Avoiding bringing their own medical equipment** to the ASC, unless granted special permission to do so
 - **Always cleaning their own hands**
- ▶ **CLEARLY SPEAK UP** if they have concerns that staff may not be following safe practices or if they observe a safety issue

Hand hygiene is one of the most important ways to prevent infections. Health care personnel will clean their hands **before and after** patient care.

Other important ways to prevent surgical site and other infections at ASCs are—

Cleaning, Disinfection, and Sterilization

- Follow fully the instructions on **how to use cleaning and disinfection supplies**.
- Follow the manufacturers' and ASC's instructions for **cleaning and disinfecting medical equipment**.
- Get training each year on high-level **disinfection for all the different types of scopes** that are reprocessed.
- Make sure only **highly trained experts** perform high-level disinfection and sterilization.

Environment of Care

- Keep the health care environment **clean and safe**.
- Make **daily rounds** (walk around) in the health care environment to **assure cleanliness and patient safety**.
- **Report any environmental care problems** as soon as possible so they can be fixed.
- **Clean hands** when moving from a dirty to a clean task on the same patient or after touching the patient or any items in the patient's environment.

Safe Injection Practices

- Clean hands **before handling medications or syringes**.
- **Disinfect the top (rubber septum) of any medication vial** with alcohol before piercing it with a sterile needle.
- Use a sterile needle and syringe **one time on one patient only**.
- Use an intravenous solution bag and tubing for **one patient only**.
- **Prepare medication in clean area**, separate from patient care area and away from used items. If medication is used at the bedside, **throw it out after it is used on one patient**.
- **Use a single-dose vial** of medication whenever possible.
- **Dedicate a multiuse vial** to one patient if medication is drawn up in the patient care area.
- Always use a **new, sterile needle and new, sterile syringe**.

Learn more about infection prevention at ambulatory surgical centers at www.ahrq.gov/haiamburgery.

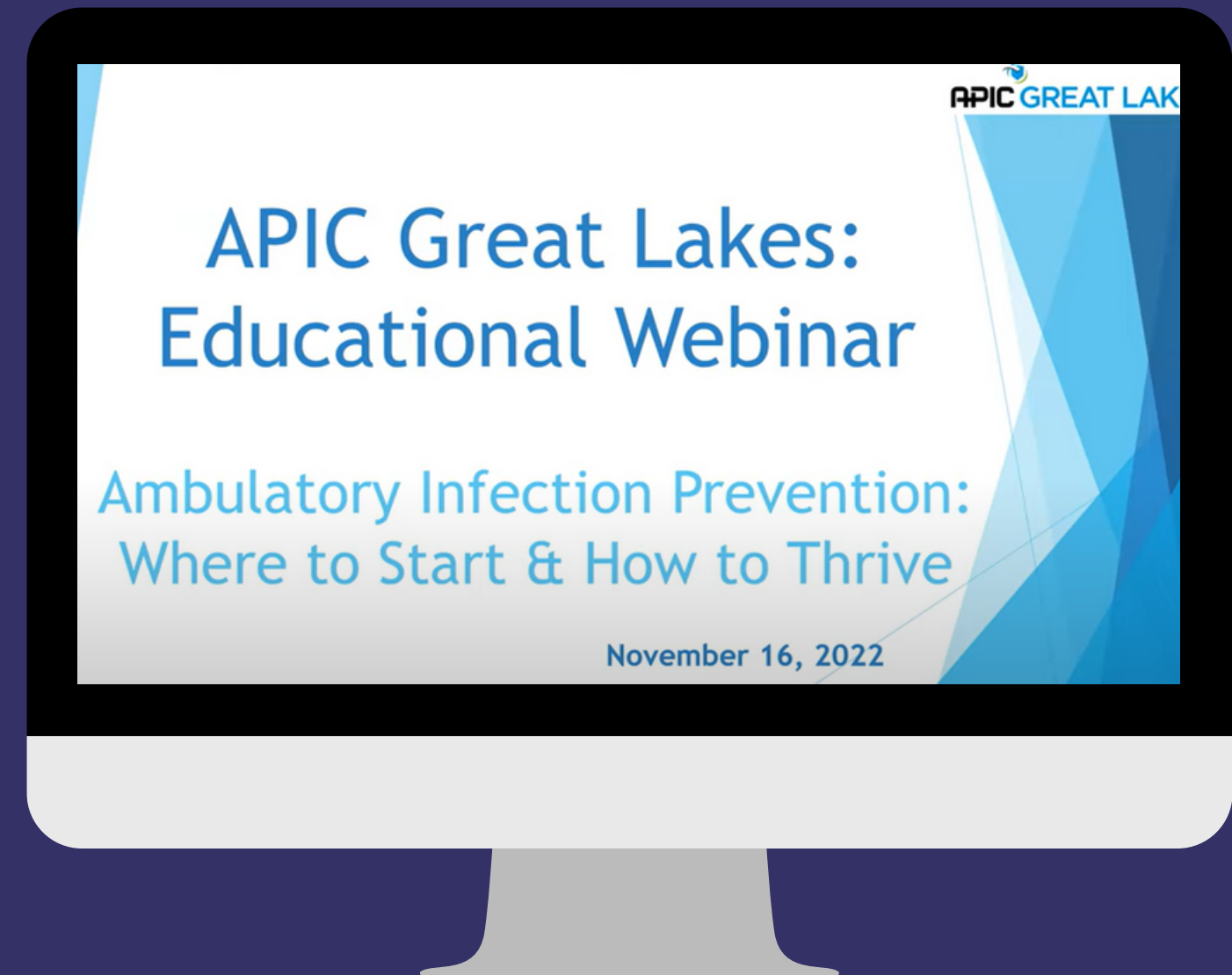
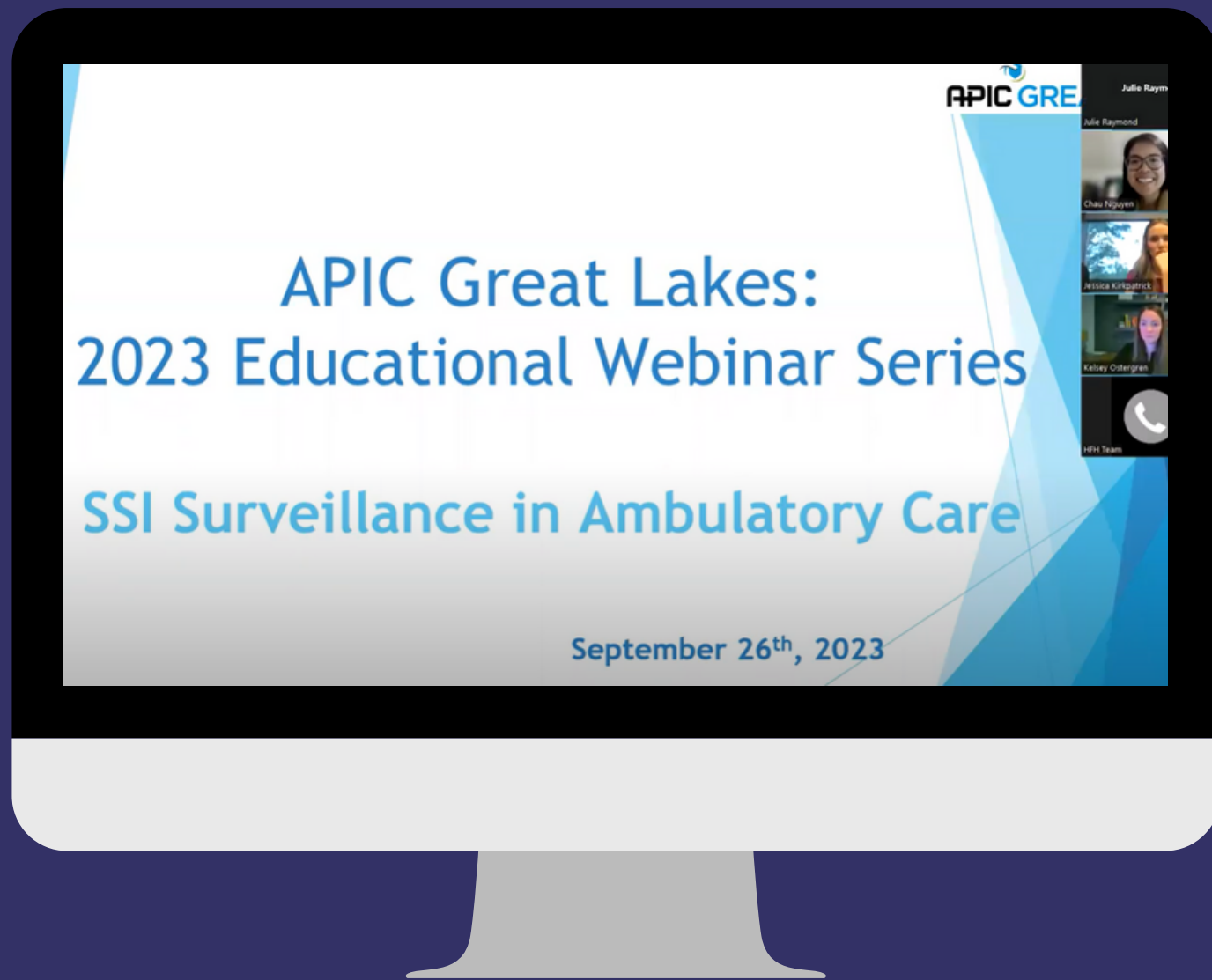
1. SHEA, IDSA, AHA, et al. Frequently asked questions about surgical site infections: Patient guide. Accessed April 22, 2016. <http://www.ahrq.gov/haiamburgery/faq>
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AHRQ Safety Program for Ambulatory Surgery

Agency for Healthcare Research and Quality
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 AHRQ Pub No. 16-0019-04-EF
 July 2016

http://www.apic.org/Resource_/TinyMc eFileManager/Topic-specific/ASC-IP_Infographic_-_FINAL.pdf

APIC Great Lakes 2023 Webinars



<https://www.youtube.com/@apicgreatlakes7020>

APIC Connect/ IP Talk

Phone-a-friend!

- Use Ambulatory-specific community or general IP Talk forums.
- PLEASE PLEASE PLEASE use the search box to investigate your question before posting.
- Must be an APIC member.

Contact Us | FAQs | APIC Connect Overview | Code of Conduct | APIC.org | Posting Rules & Etiquette

APIC CONNECT

Home | Communities ▾ | Directory ▾ | Browse ▾ | Participate ▾ | IP Talk

search [] Q

Settings

Ambulatory Care

Community Home | Discussion 6.6K | Library 231 | Members 3.7K

1 to 50 of 2265 threads (6.6K total posts)

Most Recently Updated ▾ | Posts in my communities ▾ | 50 per page ▾ | Post New Message

Thread Subject	Replies	Last Post	Status
CAUTI/CLABSI Gap Analysis	0	24 minutes ago by Caitlyn Wright	
Selecting new disinfectants- ambulatory surgery center	3	3 days ago by Stacy DeMoss Original post by Allison Romondo	
Open Disinfectant Wipe Storage	6	6 days ago by Caley Fields	
★ In office procedures	2	7 days ago by Rebecca Battjes Original post by Lisa Czarnopys	
Mask Accommodations for Patients with Disabilities	2	10 days ago by Joyce Mackler Original post by Amanda Milstein	
Scheduling recent c-diff patient for colonoscopy	2	11 days ago by Wendy Wellott Original post by Panna Tailor	
★ Water pressure issue in multistory Outpatient Center	3	11 days ago by Rebecca Battjes Original post by Christopher Mangels	

<https://community.apic.org/home>

Thanks for playing the Ambulatory Safety Scavenger Hunt!

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