

A Pragmatic Approach to Infection Prevention and Control Guidelines in an Ambulatory Care Setting
Jessica Ng, Women's College Hospital, Toronto
A Webber Training Teleclass

A Pragmatic Approach to Infection Prevention and Control Guidelines in an Ambulatory Care Setting

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Hosted by Paul Webber
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Objectives

- Provide an overview of infection prevention and control (IP&C) in ambulatory care
- Identify and describe the four key areas where a more pragmatic ambulatory approach was applied
- Discuss future opportunities for IP&C growth and development in ambulatory care



Definition: Ambulatory Care

- Any care service provided to patients who are not admitted as inpatients to a hospital (WHO)
- Care provided in facilities where patients do not remain overnight (CDC)

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Examples of Ambulatory Care Settings

- Hospital-based outpatient clinics
- Non-hospital based clinics
- Physician offices
- Urgent care centres
- Ambulatory surgical centres
- Public health clinics
- Imaging centers
- Oncology clinics
- Ambulatory behaviour health and substance abuse clinics
- Physical therapy and rehabilitation centres

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Transmission and Infection Risk

- Risk of infection is commonly considered to be low
 - Fewer patient encounters
 - Shorter contact times with healthcare workers and the environment
 - Exposures to smaller numbers of microorganisms (viruses, bacteria)
- Little is known about transmission and infection risk
- Lack of data due to:
 - Difficulty with attributing causation and track infection rates due to short duration of patient's stay
 - Difficulty with distinguishing between infections that are community-associated vs. healthcare associated

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Literature Review

- Literature review from 1960 – 1990 identified 53 reports documenting transmission of healthcare-associated infections (HAIs) in various ambulatory care settings
- Most common transmission routes: common source, person-to-person and airborne/droplet
- Most frequent agents: *Mycobacterium* species, Hepatitis B (HBV), measles, rubella, and adenovirus
- Reported outbreaks mainly due to invasive medical procedures

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The screenshot shows a CBC News article from Kitchener-Waterloo. The headline is "Hepatitis C outbreak identified at Kitchener colonoscopy clinic" with a sub-headline "'Strong evidence of patient to patient transmission'". The article is dated February 03, 2015. A large image shows a person's arm being injected with a syringe. Below the image, a caption reads: "Five people have been diagnosed with hepatitis C after being treated at the Tri-City Colonoscopy Clinic in Kitchener, (Valentin)". To the right of the image is a "Stay Connected with CBC News" section with icons for mobile, Facebook, podcasts, Twitter, alerts, and newsletter. The WCH logo is in the bottom right corner.

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The screenshot shows a The Star article from the "HEALTH & WELLNESS" section, dated Monday, March 30, 2015. The headline is "Infection outbreak at pain clinic sparks calls for greater transparency". The sub-headline reads: "Critics are calling for more transparency into infection outbreaks at clinics as more patients come forward with stories about developing meningitis and other serious infections at a Toronto pain centre." The article includes social media sharing options for Facebook, Twitter (49), Google+ (8+1), and Reddit (9). A large image shows an elderly woman with a cane in a home setting. To the right is a "Top News" section with several headlines. The WCH logo is in the bottom right corner.

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The screenshot shows a CBC News article from February 2013. The headline is "Ottawa endoscopy clinic had 'gross' cross-contamination". The sub-headline reads "Failed inspection report on Dr. Christiane Farazli among those publicly released Friday". The article text states that an Ottawa doctor, Dr. Christiane Farazli, failed a clinic inspection months earlier due to the use of unsterilized instruments and "gross cross-contamination" from a dirty scope. It also mentions that she was accused of using improper cleaning procedures for patients treated between April 2002 and June 2011. A photo shows a sign for "DR. CHRISTIANE FARAZLI" in front of a building with the number "606".

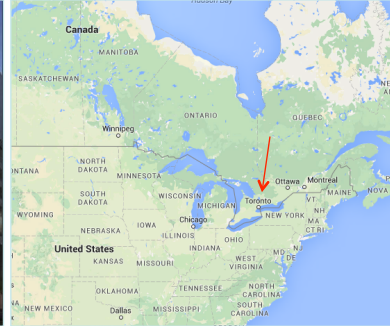


IP&C Guidelines in Ambulatory Care

- **Centers for Disease Control (CDC)** – Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care, 2011
- **World Health Organization** – Hand hygiene in outpatient care, home-based care and long-term care facilities, 2012
- **Public Health Agency of Canada** – Infection prevention and control best practices for long term care, home and community care including health care offices and ambulatory clinics, 2007
- **Provincial Infectious Diseases Advisory Committee (PIDAC)** – Infection Prevention and Control for Clinical Office Practice, 2012



Women's College Hospital (WCH)



- Ambulatory care hospital with a primary focus on the health of women.
- 275 000 visits per year

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Our Story

- Women's College Hospital (WCH) began operating as an independent ambulatory care hospital in 2006
- IP&C practices were not clearly defined
- IP&C program review conducted in 2011
- Moved to a more pragmatic ambulatory approach to applying IP&C guidelines in our setting:
 - Screening and surveillance
 - Isolation practices and personal protective equipment (PPE) use
 - Environmental cleaning
 - Hand hygiene

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Screening and Surveillance – Before

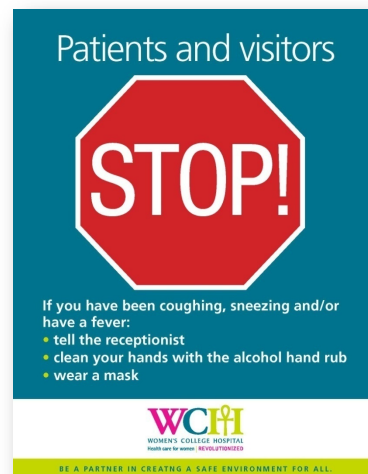
- Some patients were screened upon admission
- Immediate phone calls to IP&C upon receiving lab results
- Patients with an antibiotic resistant organism (ARO) were flagged
- Larger focus on outcome surveillance
 - infection rates for AROs were tracked



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Screening and Surveillance – After

- ARO status of patients is largely unknown in standalone ambulatory care settings
 - Difficult to attribute causation and track infection rates
- Patients are not screened for IP&C purposes
- Focus on process surveillance



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Isolation Practices and PPE Use – Before

- Patients with AROs were flagged on their record
- Additional precautions were implemented for anyone with an ARO
 - patient placement
 - use of personal protective equipment (PPE)
 - environmental cleaning
- Heightened attention to routine practices with patients flagged with an ARO



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```
Sunnybrook and Women's College Health Sciences Centre
NAME HFN 14/05/27 1216
Please accept the acknowledgment of
the patient's ARO attribute(s)
(Antibiotic Resistant Organism)
MRSA
** ALERT ** ATTRIBUTE **
Type Y to accept:
T H E N   P R E S S   E N T E R
MASTER=PF12
PM71DCLB S.W.C.H.S.C. NG, JESSICA
```

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Isolation Practices and PPE Use – Before

- Patients with AROs were flagged on their record
- Additional precautions were implemented for anyone with an ARO
 - patient placement
 - use of personal protective equipment (PPE)
 - environmental cleaning
- Heightened attention to routine practices with patients flagged with an ARO



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Isolation Practices and PPE Use – After

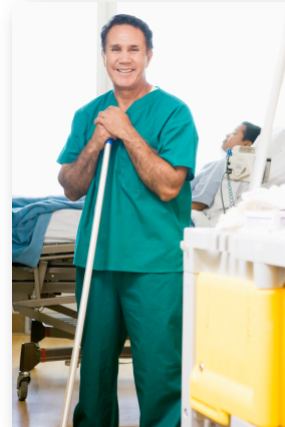
- Revised policy on management of ARO patients in ambulatory setting
- Use additional precautions based on risk assessment
- Apply routine practices to all patients at all times
- ARO status of patients to be documented in clinical notes



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Environmental Cleaning – Before

- Patients with ARO were scheduled at end of day
- Heightened attention to cleaning practices when patients identified with an ARO
 - EVS often called for “terminal cleaning”



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Environmental Cleaning – After

- Focus on cleaning patient equipment between use and a thorough end-of-day room cleaning for all patients
- Patients can be scheduled at any time of the day

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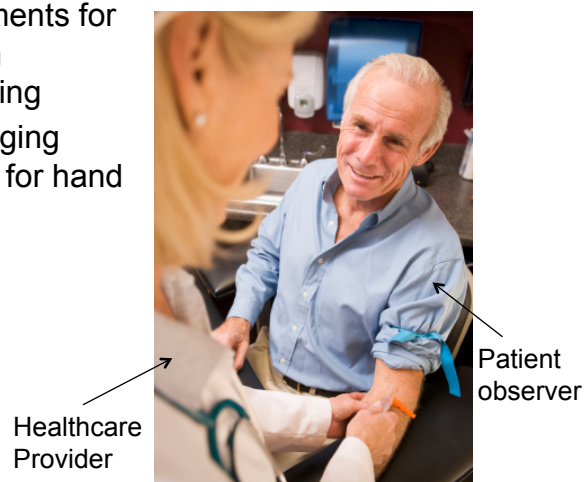
Hand Hygiene – Before

- Few resources on hand hygiene in outpatient setting
 - Four Moments of Hand Hygiene based on inpatient settings
- Monitored hand hygiene practices using a direct observation
- Data collection challenges:
 - Physical environment
 - Type of care provided
 - Use of resources
 - Hawthorne effect



Hand Hygiene – After

- Redefined Four Moments for Hand Hygiene for an ambulatory care setting
- Transitioned to engaging patients as observer for hand hygiene practices



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Patient as Observer Method

- Alternative hand hygiene auditing method to address challenges unique to ambulatory setting
- Patient acts as an observer for HH compliance of healthcare providers

WCH infection prevention & control
WOMEN'S COLLEGE HOSPITAL
100 BATHURST STREET, TORONTO, ONT. M5T 1A5

HAND HYGIENE SURVEY
LEND US A HAND IN YOUR HEALTHCARE!

Background:
At Women's College Hospital, we are committed to your safety. We use soap and water or hand sanitizer to clean our hands and help prevent the spread of germs. We invite you to lend us a hand in your healthcare and let us know how well we are doing.

Instructions:

- > Please observe your healthcare professionals during your visit today to see if they are cleaning their hands **immediately before physical contact with you.**
- > **Complete the reverse side of this card and drop it off in the drop box near the check-in.**

»

WCH infection prevention & control
WOMEN'S COLLEGE HOSPITAL
100 BATHURST STREET, TORONTO, ONT. M5T 1A5

HAND HYGIENE SURVEY
LEND US A HAND IN YOUR HEALTHCARE!

Date: _____

Did your healthcare professional clean their hands before physical contact with you?

Yes
 No
 There was no physical contact

Comments: _____

Please drop off your completed survey card in the drop box near the check-in. Thank you!



Patient as Observer Pilot

- Pilot conducted in Family Practice setting
- % of healthcare provider hand hygiene compliance: 97%
- % of survey cards returned: 75%
- Enhanced patient experience
- Strengthens hand hygiene awareness for all



Future Opportunities

- Increasing patient education in IP&C through patient engagement activities
- Informing guidelines on the important differences between acute and ambulatory care
- Continue to work on making IP&C guidelines relevant to the ambulatory care setting

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For More Information

1. Ng J, Le-Abuyen S, Mosley J, Gardam M. **A Pragmatic Approach to Infection Prevention and Control Guidelines in an Ambulatory Care Setting.** American Journal of Infection Control. 2014; 42:671-3.
2. Le-Abuyen S, Ng J, Kim S, De La Franier, A, Khan B, Mosley J, Gardam M. **Patient-as observer approach: an alternative method for hand hygiene auditing in an ambulatory care setting.** American Journal of Infection Control. 2014; 42:439-42.

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Acknowledgements

- Barbara Catt, Sunnybrook Health Sciences Centre, Toronto, Ontario

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Questions?


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April 22 (South Pacific Teleclass)
COMING UP ROSES – A SUSTAINABLE SOLUTION TO CONTINENCE PRODUCT DISPOSAL
Julianne Munro, Christchurch Women's Hospital, New Zealand

April 30 **ARE WIPES (TOWELETTES) EFFECTIVE FOR SURFACE DECONTAMINATION IN HEALTHCARE SETTINGS?**
Prof. Jean-Yves Maillard, Cardiff University, Wales

May 5 (FREE WHO Teleclass – Europe)
10 YEARS OF WHO CLEAN CARE IS SAFER CARE: WHY YOU SHOULD BE A PART OF THE SOCIAL PANDEMIC THAT IS SAVE LIVES: CLEAN YOUR HANDS
Prof. Didier Pittet, World Health Organization
Sponsored by the World Health Organization

May 7 **VACCINATION OF HEALTHCARE PROVIDERS: A CRITICAL STEP TOWARD PATIENT SAFETY**

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