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

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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)

### 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
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

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
IP&C Guidelines in Ambulatory Care

- **Centers for Disease Control (CDC)** – Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Car, 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

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
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

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
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
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

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
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”

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
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
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

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

For More Information


Acknowledgements

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

Questions?

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Julianne Munro, Christchurch Women’s Hospital, New Zealand

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