



Spotlight on Infection Prevention in Ambulatory Surgery Centers

Ambulatory Surgery Centers (ASCs) are built on the reputation of being a superior option to hospitals, for reasons such as convenience, increased patient satisfaction and overall cost (Barie, 2010). But what about infection prevention and safety? Ensuring the safety of healthcare for patients in ASC settings is a priority for Centers for Disease Control (CDC) and the Centers for Medicare and Medicaid Services (CMS). It is the goal of all healthcare facilities to adhere and exceed these standards, including ASCs.

With more surgical procedures being performed in the outpatient versus the inpatient setting in the United States, and "outpatient procedures now represent more than three-quarters of all operations performed", the necessity of developing standards, and adherence to those standards, should be noted and spotlighted for patient education (Barie, 2010). We took an in-depth look at the ASCs of Midwest GI physicians and discussed infection prevention with the Director of Ambulatory Surgery Center Services, Julie Knowlton, and how the ASCs must not only meet, but exceed hospital standards for infection prevention.

According to Knowlton, the buzz word around infection control is now "Infection Prevention". "We all know that bugs are a part of our everyday world. In a healthcare environment, both because of the things we do and the nature of the people we are treating, these bugs pose a larger risk. We, as healthcare providers, also do things that can introduce bugs into areas that patients normally wouldn't be exposed to." Because of this, the things "we do to prevent infections are critically important to enable us to continue provide the care we do," especially in a healthcare setting.

At ASCs, and all healthcare settings, preventing infection is part of everyone's job, including the patient. "Infection prevention is as simple as washing your hands or as complicated as the 100+ processes necessary to process endoscopic equipment. Several policies and processes are part of everyone's daily job with the intent to prevent exposure to potentially dangerous bugs. Ongoing monitoring, education, and process improvement is done."

As noted above, there are several regulatory bodies that help to ensure infection prevention is actively demonstrated in healthcare. "Our Centers follow Society of Gastroenterology Nurses and Associates (SGNA), The American Society for Gastrointestinal Endoscopy (ASGE), CDC and Association for Professionals in Infection Control and Epidemiology (APIC) guidelines related to infection control and prevention. Professionals have spent countless hours doing research and developing evidence-based guidelines that all practitioners follow." All these associations provide new and updated evidence-based recommendations for the prevention that are utilized in infection prevention in the facilities.

Training is a large aspect of infection prevention and is a focus at every level. "Everyone needs to know how to wash their hands properly. Believe it or not, hand hygiene is a long learning module. Nurses have specialized training related to performing procedures, such as starting an IV, aseptically and safely. They know how to recognize and contain infection risks, contain them in our environment, and communicate this to the patient and their family. GI techs have one of the most critical and steepest learning curve in infection control. They have numerous videos, learning modules, policies, procedures and on the job training competencies they have to complete. Equipment vendors, bio-hazard waste companies, professional societies, and several other sources are used to provide training for our employees."

With an increased focus on endoscope cleaning and sterilization, there have been changes in processes at varying levels. "In 2016, an extensive review was done related to all the processes from the time the scope is removed from a patient to the time it is used again. New guidance from professional societies and manufacturers was reviewed and incorporated into our processes and policies. Our GI techs and nurse functioning in that role spent several hours outside of their normal work hours attending training. Shortly thereafter, we rolled out the enhanced processes and validation of competence. This continues to be an area where we are continually reviewing and enhancing our processes. By the end of 2017, all the Centers will be equipped with new, state of the art, reprocessing machines. With this we are again reviewing all our current processes and incorporating this new technology to enhance patient safety."

Barie, P.S. (2010). Infection Control Practices in Ambulatory Surgical Centers. JAMA. 2010(22), 2295-2297.