INFECTION PREVENTION

Excerpted from

HEALTHCARE PURCHASING NEWS

Abolishing bugs

Bright ideas for preventing infection

by Susan Cantrell, ELS

nfection prevention and control professionals are on the front-lines everyday fighting one of the most harmful enemies their patients will ever encounter: healthcare-associated infections (HAIs). It's no easy task, but when clinical teams follow evidence-based guidelines and practices, engage facility-wide cooperation in the effort, and adopt products and services that are proven to work, healthcare providers do succeed. It's also important to keep in mind that every positive outcome matters. In fact, no favorable change in infection

rates is too small to consider important in this battle because every life saved counts, and every bit of suffering reduced is monumental. Here's a snapshot of what clinical teams working in healthcare organizations across the country are doing to help keep their patients infection-free and on their way to a better healing experience.

Unity Health - White County Medical Center - Searcy, Arkansas

Unity Health - White County Medical Center has 438 licensed beds and a medical staff of more than 150 physicians specializing in various areas of healthcare. The facility serves patients in Central Arkansas.

Meghann Holmes, RN, Infection Preventionist, outlined their mission. "Our infection rates were already low, so we didn't have one specific target, but with a nationwide rise in *C. diff* and multidrug-resistant bacteria, we decided to focus our efforts there."

What they did: "With the rise of antibiotic-resistant superbugs, we are continually investigating new technologies to keep our hospital clean and our patients



A Xenex LightStrike robot prepares to disinfect a room at Unity Health - White County Medical Center.

safe," said Holmes. "Before we began our campaign, we analyzed our infection data and chose the operating room and four targeted inpatient units on which to focus our efforts. In those areas, our baseline rate was 15.49 infections per 10,000 patient-days.

"After reviewing the clinical evidence, we chose the LightStrike pulsed xenon UV robots, from Xenex Disinfection Systems, which are operated by our EVS team." Holmes ex-

plained how the system works. "On our four targeted inpatient units, the EVS team runs the robots for three five-minute cycles, one cycle in the bathroom and one on either side of the bed, in each patient room after each discharge and transfer. The robots are utilized in each of our seven operating rooms at the end of the day. Other ancillary areas, such as break rooms, medication rooms, and supply rooms are disinfected with the robots weekly. Our EVS team reports that the robots are easy to use, and they are very enthusiastic about their role in our successful infection-prevention program."

Results: "By the end of our first nine months utilizing three Xenex LightStrike robots," continued Holmes, "our infection rate dropped 71 percent, from 15.49 per 10,000 patient-days to 4.44. We implemented three LightStrike pulsed xenon UV robots in December 2017 and saw such success with our program that we purchased three more robots in January 2019 to expand the program house-wide. We continue to see reductions and hope that number will become even smaller with our recent house-wide implementation."