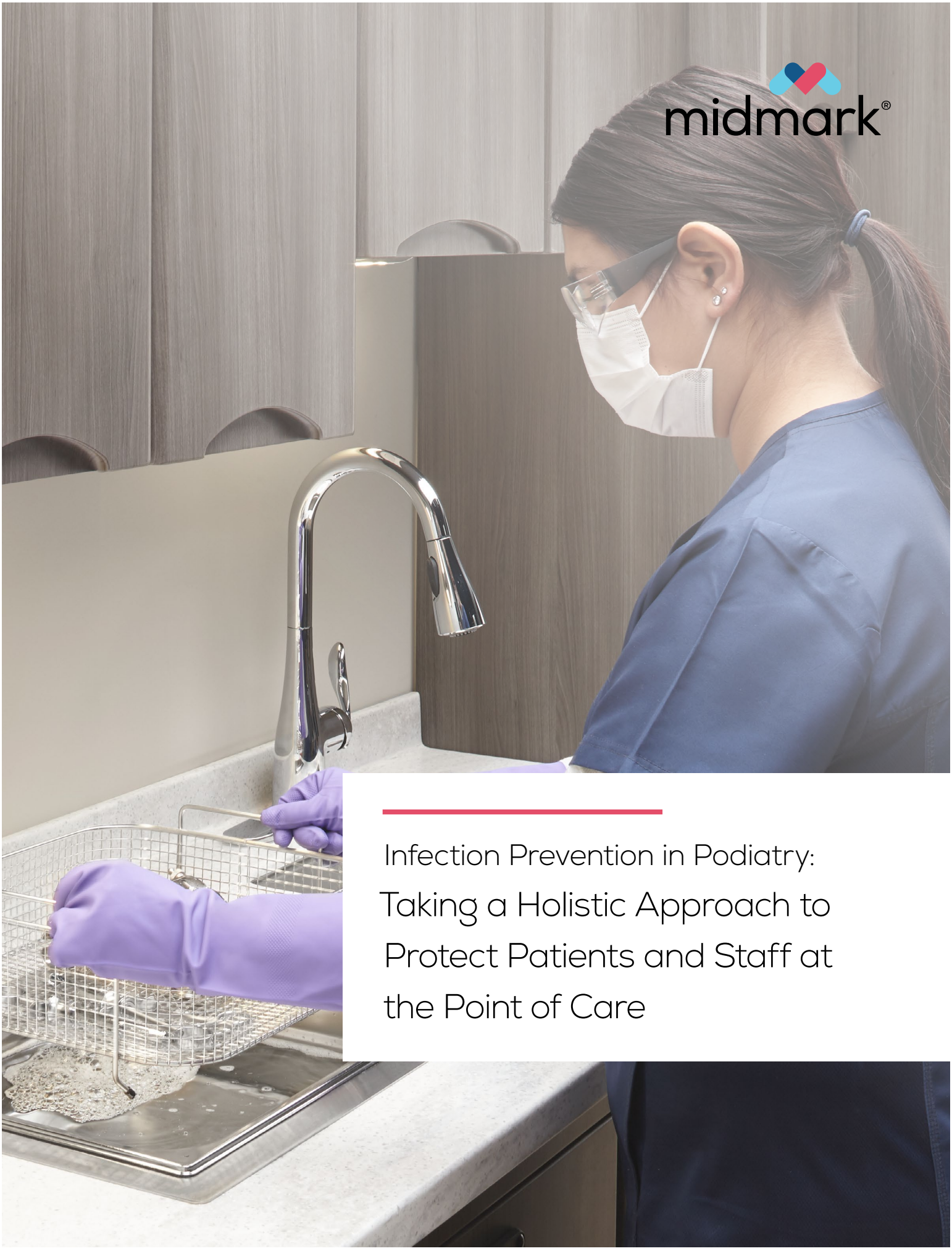
midmark®



Infection Prevention in Podiatry:

Taking a Holistic Approach to Protect Patients and Staff at the Point of Care

The COVID-19 pandemic will continue to impact and reshape the patient-caregiver experience within acute and ambulatory healthcare settings. In many ways, the pandemic became an accelerator or catalyst for change, forcing healthcare organizations to refocus or fast-track programs to accommodate changing needs and remedy identified vulnerabilities.

One example of this is the growing conversation around infection prevention and clinical design, with healthcare organizations considering patient-centered workflow designs to strengthen infection prevention programs.

While implementing patient-centered workflows is significant, it becomes even more powerful when part of a broader, more encompassing commitment to infection prevention. In this white paper, we discuss the importance of taking a holistic approach with the infection prevention program in a podiatry facility and identify five key components that are central to such an approach.

The Need for Effective Infection Prevention Measures

The dangers surrounding potential transmission of COVID-19 in healthcare settings did not create the need for effective infection prevention measures. Infection prevention has been a focus in healthcare, including podiatry, for many years in both ambulatory and acute care settings.

Ask any podiatrist about their office's point of care priorities and infection prevention invariably makes this list. The current challenge is not making infection prevention a priority, but rather putting in place the capacity, resources and strategy to effectively execute on that priority.

A 2015 assessment of investigations of podiatric medical settings performed by the Centers for Diseases Control and Prevention (CDC) as well as state and local health officials found that "outbreaks associated with failures in basic infection prevention, such as unsafe injection practices, have been identified with increased frequency in the United States." It also "identified some instances of unsafe practices that have placed podiatric medical patients at risk for viral, bacterial and fungal infections."

The CDC partnered with the American College of Foot and Ankle Surgeons (ACFAS) and other healthcare organizations on a three-year initiative to develop "guidance related to infection prevention and control in outpatient settings." The Adaptation and Dissemination for Outpatient Infection Prevention (ADOPT) Guidance released a number of free resources in 2018, including the Guide to Infection Prevention for Outpatient Podiatry Settings. The ACFAS encouraged foot and ankle surgeons practicing in outpatient settings to implement the guidelines.

The pandemic brought a new urgency to establishing a strong infection prevention program to keep patients and staff safe, which is directly linked to infection prevention initiatives and the point of care experience for both patients and caregivers.

Patients want assurances that necessary precautions are being taken to ensure visits will be safe and the quality of care delivered will not be negatively impacted. Podiatrists are realizing they need to promote and highlight their infection prevention initiatives as their patients delay routine exams and express anxiety and hesitation about scheduling office visits for fear of exposure to COVID-19 or other contagions.

Any delay or interruption in care can potentially have a significant impact on the well-being of patients. For instance, the Journal of American Podiatric Medical Association reported that the response to the pandemic disrupted best practices for diabetic limb preservation and deprived many patients of vital care.

The Foundation of a Holistic Approach

As podiatrists assess their current infection prevention efforts and identify gaps or areas where additional steps can be taken, they should also consider whether or not a slightly evolved approach to infection prevention is needed.

A fragmented or inconsistent approach to infection prevention is inadequate when applied to today's evolving point of care ecosystem that includes new technology, equipment and best practices. Rather than a disjointed approach that lends itself to simply checking boxes, a broader, more encompassing approach is more effective.

The spread and transmission of contagions and infectious agents at the point of care can happen in many ways. Taking a holistic approach to infection prevention helps ensure all bases are covered. It also enables podiatrists to create a consistent and sustained focus on identifying often overlooked vulnerabilities, as well as opportunities for successfully dealing with them.

Following are five key components that are central for podiatrists interested in taking a broad, holistic approach to infection prevention at the point of care.

1. FACILITY DESIGN

The growing patient population is placing greater strain on the typical linear design of ambulatory care environments that have shared corridors and publicly exposed workstations. Hallways often are crowded with equipment, patients and caregivers; privacy issues can arise; and the overall patient experience is impacted.

The pandemic has served as a reminder that this traditional design can also threaten infection prevention efforts. For instance, crowded hallways make it difficult to social distance, movement throughout the facility increases potential for exposure, and open exam and waiting rooms can be a focal point for transmission.

Patient-centered workflow designs allow podiatrists to better manage and limit patient interactions and movement throughout the facility and reduce the potential for exposure or transmission. Examples include the collaborative care model that centralizes and consolidates the patient visit as much as possible, the self-rooming model that eliminates the waiting room, and the dual access model that provides separate, dedicated corridors for caregivers and patients.

(See "Designing for Prevention: How the Right Design Approach Can Enhance Your Infection Prevention Program" for more information on these workflow models)

2. EQUIPMENT DESIGN

Having the right type of equipment within your clinical environment can increase the level of efficiency and comfort, and enhance the delivery of care. How the equipment is designed can mean the difference in it complementing your infection prevention protocols or creating a vulnerability in your program.

Equipment designed specifically for clinical environments typically can withstand the rigors of daily use that are unique to this environment; with some even striking the right balance of clinical functionality and comfort. But what's often missing—and what many podiatrists may overlook—are those design elements that can play a part in infection prevention.

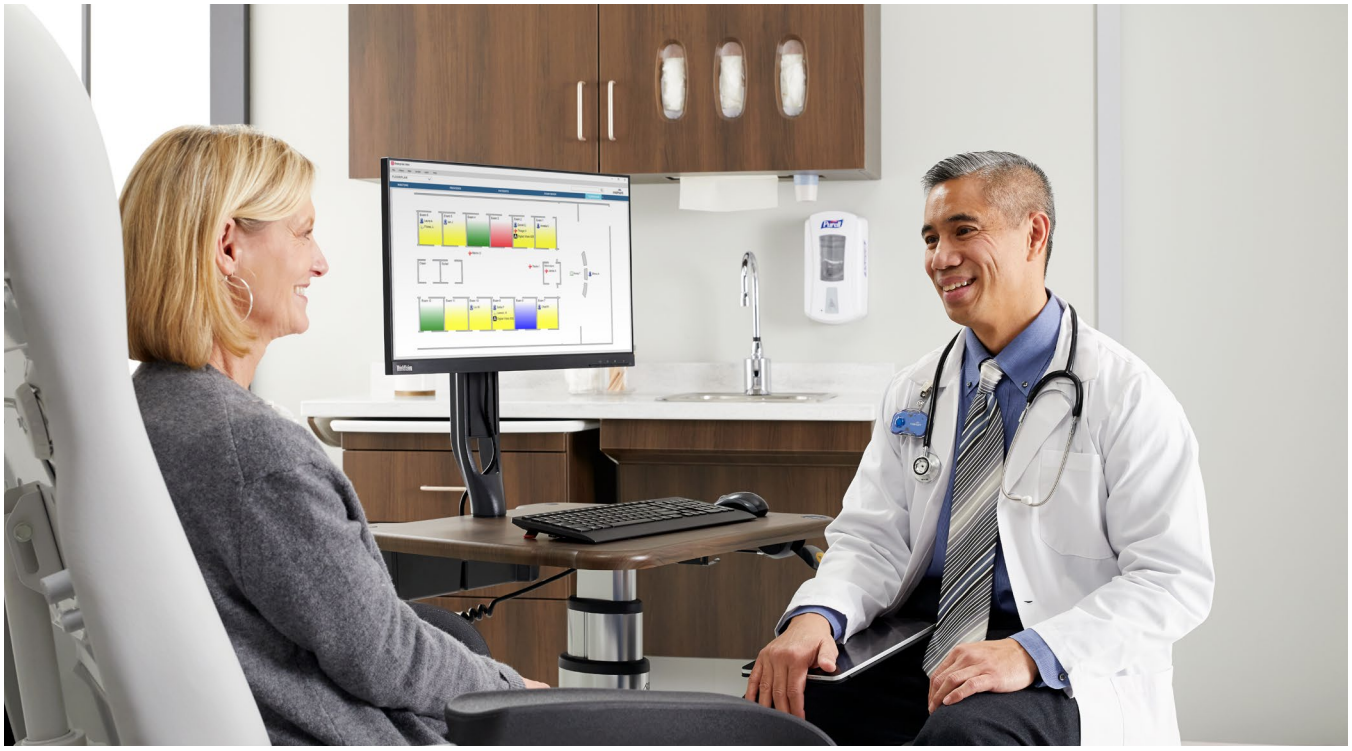
For instance, cabinetry that features EPA-registered antimicrobial pulls that are self-sanitizing, non-porous surfaces that are easy to clean and hands-free faucet options that are operated by electronic sensors or kick plates/switches are examples of clinical design features. As are podiatry procedure chairs that feature seamless upholstery, covered glides and sealed foot controls that are easier to clean and disinfect. Equally important is training staff on how to properly use and maintain the equipment.

3. DATA ANALYTICS

Connected technology and devices are bringing more accurate and in-depth data to the patient visit. Podiatrists are beginning to use that to transform the delivery of care and bring a new level of visibility and understanding to the point of care; this includes infection prevention efforts.

For instance, real-time locating system (RTLS) technology is being used by many healthcare organizations to automate the labor-intensive process of contact tracing, thereby helping increase the speed, effectiveness and accuracy of monitoring efforts. The technology, which has been providing value in acute care for decades, makes capturing accurate workflow data possible.

Utilizing RTLS badges and sensors, the technology can automatically track and document patient and staff interactions. Staff can simply run a report that helps immediately identify who an infected patient came into contact with, which areas of the facility were visited and what equipment was used. The office can then quickly notify, test and treat those who came into contact with the contagious person, as well as properly disinfect contaminated surfaces to help reduce transmission.



4. INSTRUMENT PROCESSING AREA

Instrument processing is a critical part of any infection prevention protocol—and even with a designated area for instrument processing, the workflow design may not be following the CDC recommended workflow.

Ideally, the instrument processing space should be a separate and distinct area designed specifically for instrument processing and sterilization. This separation allows easier control and management of the process and helps ensure safety and an efficient workflow. An instrument processing area should not share space with other areas such as the laboratory, staff breakroom or storage space.

Regardless of the size or shape of the instrument processing area, CDC guidelines recommend the inclusion of five critical steps that support a smooth dirty-to-clean the flow of instruments that helps contain contamination and maximize efficiency.

1. Receiving, Cleaning and Decontamination
2. Preparation and Packaging
3. Sterilization
4. Monitoring/Documentation
5. Storage

5. STERILIZERS

Often considered the focal point of any infection prevention program and instrument processing center, sterilizers are part of a front-line defense in keeping patients safe from pathogens and infection, especially as more procedures move to the ambulatory space.

It is important to have the size, type and number of sterilizers that fit the needs of each practice/facility. Factors to consider include number of patients seen, type of procedures performed, number of instruments used and configuration of the instrument processing space. Not all sterilizers are created equal, so it is important to understand sterilizer functionality and features. It is equally vital that staff be trained on how to properly use the equipment.

Sterilizers should be easy to use to help ensure safety protocols are standardized and consistently followed. They should also have a means for tracking usage for audit-ready record keeping, and be FDA-cleared and ASME-certified. In its Guide to Infection Prevention for Outpatient Podiatry Settings, the CDC recommends that "reusable podiatric medical instruments that are heat stable and have the potential to break intact skin during ordinary use (e.g., nippers, forceps, splitters, curettes) should be ideally sterilized using steam rather than chemical disinfectant for the terminal reprocessing step."

Infection prevention efforts should be prioritized and undertaken within the context of the patient-caregiver experience and the outcomes realized. To accomplish this, a holistic approach is recommended; one that is founded on five key components: facility design, equipment design, data analytics, the instrument processing area and sterilizers. Podiatrists that successfully adopt this approach will strengthen their infection prevention program and be better positioned to keep patients and staff safe and improve the quality of care delivered.

Designing better care.®

midmark®

007-10369-00 Rev. B1