Academy of Architecture for Health On-line Professional Development

Patient Safety Fundamentals for HC Architects – Part 2

HC 101 Series

Tuesday, February 14, 2017

2:00 pm - 3:00 pm ET

1:00 pm - 2:00 pm CT

12:00 am - 1:00 pm MT

11:00 am - 12:00 pm PT

Presenter
John Kreidich
McCarthy Building Companies

Moderator Brenna Costello Smith Group JJR



Academy of Architecture for Health On-line Professional Development

The Academy is dedicated to advance design that supports community and personal wellness, and facilitates diagnosis and treatment of acute and chronic disease or physical injury. Synthesis of function, art, science and technology into a built environment benefiting humanity and nature requires orchestrated effort by many specialists. The Academy's multi-channel on-line approach provides emerging professionals, journeymen, and master professionals with convenient and economical opportunities to develop their chosen area of interest.

HC 101 Series Webinars

The Academy of Architecture for Health wants to cultivate interest and career development in this specialized field. HC 101 Series sessions are web-based 60 minute seminars tailored to provide budding healthcare design professionals with conceptual and practical primer-level knowledge.

The HC 101 Series is a cost effective option for those lacking the time and money to attend a conference or other Academy event.

Series topics include: Master planning; Programming; Ambulatory care; Clinical support services; Emergency; ICI-acute care; Imaging; Long-term care; Maternal care; Mental health; Surgery.

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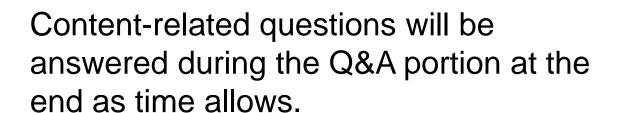
In order to receive credit, each attendee must complete the webinar survey/report form at the conclusion of the presentation.

Follow the link provided:

- in the Chat box at the conclusion of the live presentation;
- in the follow-up email you (or the person who registered your site) will receive one hour after the webinar.

Questions?

Submit a question to the moderator via the chat box.



Tech support questions will be answered by AIA staff promptly.



Patient Safety in Acute Care Hospital Design

Presenter

John Kreidich, AIA, CHC, LEED AP B+C

McCarthy Building Companies

Patient Safety in Acute Care Hospital Design

There are two areas of primary concern:

- Life-Safety assuring that occupants in the event of a fire are protected from smoke as well as fire – an exit stair is of no use to a bedridden patient.
- 2. Environmental Safety assuring that occupants are not exposed to materials posing a threat to life or health.

Today we will focus on the second area of concern – Environmental Safety and specifically Infection Control.

Environmental Safety Learning Objectives

Enable attendees to:

- Understand role of the built environment in preventing HAIs
- Identify design professionals' role in the ICRA process
- Be aware of I.C. design considerations for
 - Med-Surg patient rooms
 - "P.E." and "A.I.I." isolation rooms
 - Surgical Suites

HAI Progress Per CDC

Note that -

- CLABSI
- CAUTI
- MRSA
- C. DIFFICILE

Are not directly related to the built environment



NATIONAL



Healthcare-associated infections (HAIs) are infections patients can get while receiving medical treatment in a healthcare facility. Working toward the elimination of HAIs is a CDC priority. The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The infection data are collected through CDC's National Healthcare Safety Network (NHSN).

HAI data for nearly all U.S. hospitals are published on the Hospital Compare website.

CLABSIs

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

When a tube is placed in a large vein and not put in correctly or kept clean, it can become a way for germs to enter the body and cause deadly infections in the blood

- U.S. hospitals reported a significant decrease in CLABSIS between 2012 and 2013.
- Among the 2,389 hospitals in U.S. with enough data to calculate an SIR, 9% had an SIR significantly worse than the national SIR of 0.54.

CAUTIS



CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

When a urinary catheter is not put in correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys.

- U.S. hospitals reported a significant increase in CAUTIS between 2012 and 2013.
- Among the 2,781 U.S. hospitals with enough data to calculate an SIR, 12% had an SIR significantly worse than the national SIR of 1.06.

MRSA Bacteremia ₹ 8%



LABORATORY IDENTIFIED HOSPITAL-ONSET BLOODSTREAM INFECTIONS

Methicillin-resistant Staphylococcus aureus (MRSA) is bacteria usually spread by contaminated hands. In a healthcare setting, such as a hospital, MRSA can cause serious bloodstream infections.

- U.S. hospitals reported a significant decrease in MRSA Bacteremia between 2012 and 2013.
- Among the 2,002 U.S. hospitals with enough data to calculate an SIR, 7% had an SIR significantly worse than the national SIR of 0.92.

* Statistically significant.

SSIs

SURGICAL SITE INFECTIONS

See page 3 for additional procedures

When germs get into an area where surgery is or was performed, patients can get a surgical site infection. Sometimes these infections involve only the skin. Other SSIs can involve tissues under the skin, organs, or implanted material.

SSI: Abdominal Hysterectomy



- U.S. hospitals reported no significant change in SSIs related to abdominal hysterectomy surgery between 2012 and 2013.
- Among the 765 U.S. hospitals with enough data to calculate an SIR, 6% had an SIR significantly worse than the national SIR of 0.86.

SSI: Colon Surgery



LOWER COMPARED

- U.S. hospitals reported a significant increase in SSIs related to colon surgery between 2012 and 2013.
 - Several changes to the NHSN 2013 SSI protocol likely contributed to an increase in the national and some statespecific colon surgery SIRs compared to 2012.
- Among the 2,030 U.S. hospitals with enough data to calculate an SIR, 7% had an SIR significantly worse than the national SIR of 0.92.

C. difficile Infections



LABORATORY IDENTIFIED HOSPITAL-ONSET C. DIFFICILE INFECTIONS

When a person takes antibiotics, good bacteria that protect against infection are destroyed for several months. During this time, patients can get sick from Clostridium difficile (C. difficile), bacteria that cause potentially deadly diarrhea, which can be spread in healthcare settings.

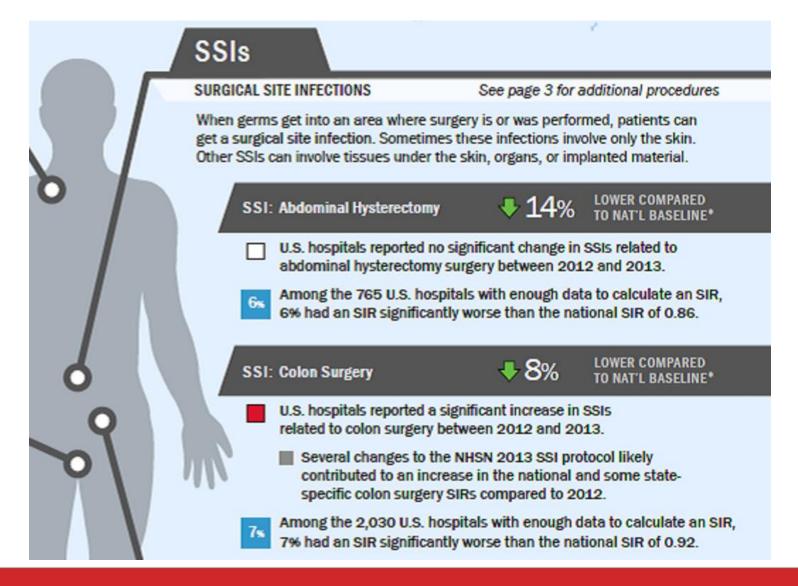
- U.S. hospitals reported a significant decrease in C.difficile infections between 2012 and 2013.
 - Among the 3,557 U.S. hospitals with enough data to calculate an SIR, 13% had an SIR significantly worse than the national SIR of 0.90.



THIS REPORT IS BASED ON 2013 DATA, PUBLISHED JANUARY 2015

Healthcare Associated Infections - SSIs

Some (not all)
Surgical Site
Infections (SSIs)
can be builtenvironment
related



HIA Prevention – Contact Transmission



Source: american pregnancy.org

Healthcare workers' hands are believed a common vehicle for HAI-transmitting pathogens

The main barriers to hand washing compliance are high occupancy, poor staffing levels, inappropriately placed hand gels and hand washing sinks

There is now technology that logs staff hand washing 24/7 in real time.

HAI Prevention – Airborne Transmission

Source: social-contact-network-disease-transmission

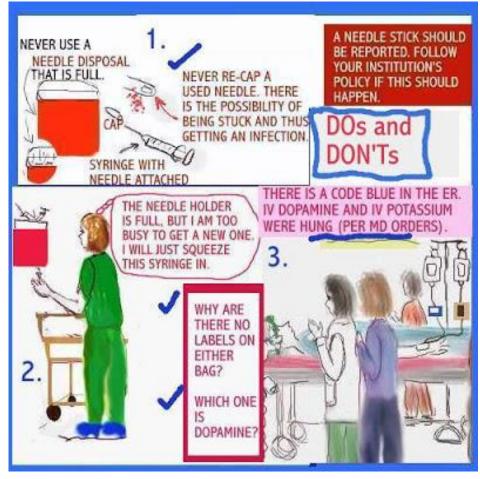
Airborne Precautions

Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:

Tuberculosis; Measles; Chickenpox (until lesions are crusted over); Localized or disseminated herpes zoster (until lesions are crusted over)

These patients require an airborne infection isolation room (AIIR)

HAI Prevention – Nurse Needle Stick



Source: SESSIONS 28-PHARMACOLOGY FOR NURSES

It is estimated that there are 600,000 to 800,000 work-related needle stick injuries each year in the United States

Design of the patient room with location of sharp boxes for disposal of uncapped needles and other sharp devices and location of contaminated supply disposal units would likely decrease the incidence of such injuries

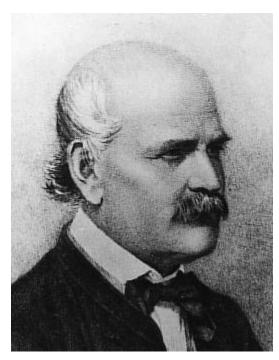
Upcoming Break for Questions and Comments



Source: agilecoach.ca, July 16, 2015

What are your thoughts on the role of the built environment in preventing Healthcare Associated Infections?

We have been here before



Dr. Ignaz Semmelweis, aged 42 in 1860 copperplate engraving by Jenő Doby Source: robbrooks.net

Ignaz Semmelweis, Hungarian physician in 1847 noted that women giving birth in a hospital where medical students assisted with deliveries immediately after performing autopsies, had higher rates of infection, and that women who gave birth at home had even lower rates of infection.

Semmelweis concluded providers must wash hands regularly to protect patients, and that best way to avoid HAI is to stay out of the hospital altogether.

Florence Nightingale's Influence on Design

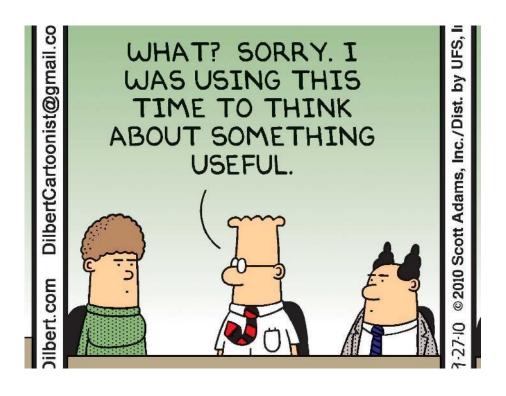


St. Thomas Hospital - Source: http://rs144.pbsrc.com/albums/r163/linschoten/hospital

Driven by conditions she observed while caring for soldiers during the Crimean War, Florence Nightingale insisted that "The very first canon of nursing . . . is this: TO KEEP THE AIR HE BREATHES AS PURE AS THE EXTERNAL AIR, WITHOUT CHILLING HIM" (1860).

She is responsible for the first hospital design standard for HAI prevention – the "Nightingale Ward".

Break for Questions and Comments



What are your thoughts on the role of the built environment in preventing Healthcare Associated Infections?

ICRA process for design professionals







Source: hospitalnews.com



Source: morainecorp.blogspot.com



Source: icprofessor.com

Whether you are going to remodel an existing OR suite or build a new one, an Infection Control Risk Assessment (ICRA) is required per FGI Guidelines.

An ICRA checklist need address these considerations:

- Project Team
- Construction Period
- Project Phasing*
- Space*
- Mechanical System*
- * Primary areas for design professional participation

ICRA Project Phasing Documents



Source: carpenters.org

All steps required to phase the project must be clearly defined in documents provided to the contractor.

For each phase, <u>dust-tight barrier walls</u> that separate the construction zone from the surgery must *be clearly defined in phasing documents*.

Means for providing negative pressurization is not to be left to the contractor, but shown on the phasing documents.

ICRA Project Phasing Documents



Source: epicresponse.com

For each phase, <u>traffic patterns</u> for patients, visitors, staff and materiel must be clearly defined in phasing documents.

Acceptable methods for <u>protecting</u> <u>patient, visitor, staff, or materiel traffic</u> that pass through the construction zone must be clearly defined in phasing documents.

Methods for disposing of demolition debris must also be clearly defined in the documents.

ICRA Project Phasing Documents



Source: 2014/09/Element-Environmental-Solutions ICRA-Consulting

For each phase, <u>assurance of clean to</u> <u>dirty air flow</u> must *be clearly defined in the documents*.

For each phase, the <u>unrestricted</u>, <u>semi-restricted</u>, and <u>restricted</u> surgical areas, as defined in the FGI Guidelines, must *be clearly defined*.

For each phase, provisions must be made for accommodating infectious patients prior to surgery, and following surgery

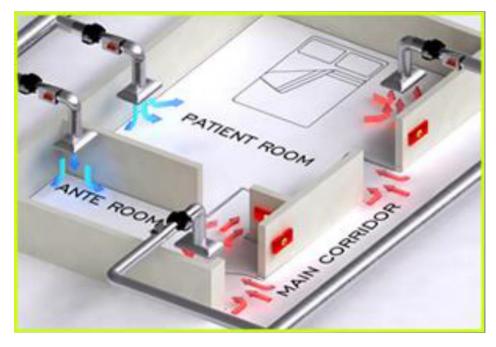


Source: hospitalnews.com

Yves Crehore (left) and Suman Bahl review construction drawings in one of the areas currently under renovation at Markham Stouffville Hospital. Hand washing sinks to be shown on project documents in all rooms where needed or required (may be need more rooms w/ sinks than the Guidelines, or your state health codes, require).

Location of hand washing sinks promote hand washing by staff and patients.

Typically provision is made in final design for isolation of infectious patients prior to surgery.



Source: Grumman/Butkus Associates 2014-03-25 ASHRAE Seminar Isolation Room HVAC Design

When isolation rooms are required for preoperative holding, provide quantity and type consistent with expected quantity and type of infected patients.

Provision must be made in final design for isolation of infectious patients following surgery

(Guidelines do not require an isolation room in PACU).



Source: Joe Bryksa / Winnipeg Free Press

HSC nurse Lori Fleetwood shows personal protective equipment that would be used in an isolation room.

Provision must be made in the final design for the isolation of infectious patients following surgery (the Guidelines do not require an isolation room in the PACU).

If isolation rooms are provided in PACU, the quantity and type provided must be consistent with the expected quantity and type of infectious patients.



Source: rayatbahrahospital.com

Anterooms must be provided for airborne infectious isolation (negative pressure) rooms (AIIR). The Guidelines do not require anterooms, but state health code, or ICP may require them.

Anterooms must be provided for protective environment (PE) rooms.

Anterooms must allow passage of equipment without having both door sets open at the same time.

ICRA Mechanical System

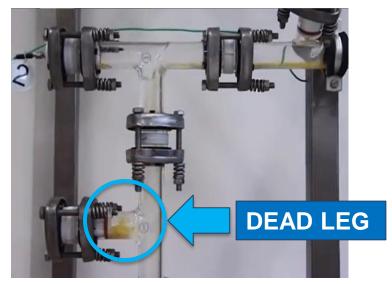
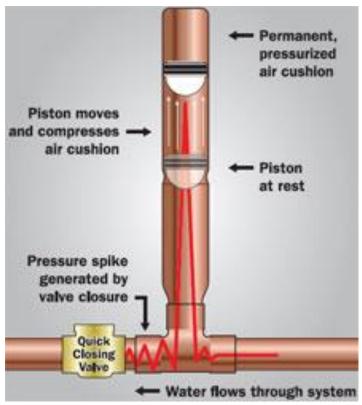


Image Source: YouTube "CIP horizontal dead leg"

No unused segments of existing water piping will be left in place following the project as such segments can harbor legionellae.

The plumbing documents require domestic water pipe placement that minimizes the potential for conditions (long lengths of pipe, dead legs, or dead ends) that could harbor legionellae or enhance its growth.

ICRA Mechanical System

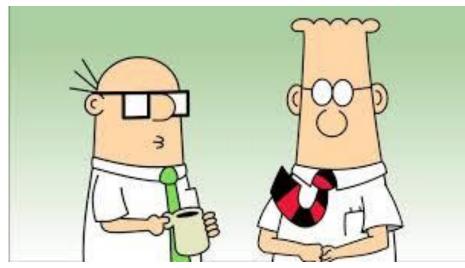


Source: plumbingmart.com

A system is in place for reporting dirty water observed in plumbing fixtures during construction. This dirty water can be an indicator that scale, biofilm and other contaminants have been loosened in the pipes by vibration.

The plumbing design requires provision for the control of water pressure shock to reduce the potential for the spread of legionellae contamination.

Upcoming Break for Questions and Comments on:



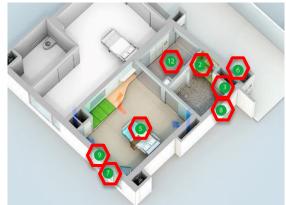
http://www.businessinsider.com, Courtesy of Scott Adams

- ICRA process for design professionals
- IC (infection-control) design considerations

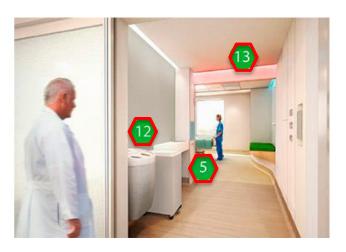
IC Design Features – Patient Room

- 1. Replace door knobs with wave sensors
- 2. Touch-free faucets & hand dryers
- 3. Built-in enclosed bedpan washers
- 4) UV-sanitized tablets
- 5. Separate duplicated overbed table
- 6. Storage alcoves
- Replace cubicle curtain with electro chromatic glass
- (8.) Inboard bathrooms
- 9) Added vapor barriers and insulation
- (10) Shoe cover dispensers
- (11) Contaminated supply disposal unit
- 12 Auto hand washers & dryers at entry
- 13) LED color-change hand-wash indicator





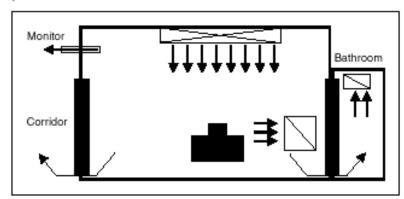




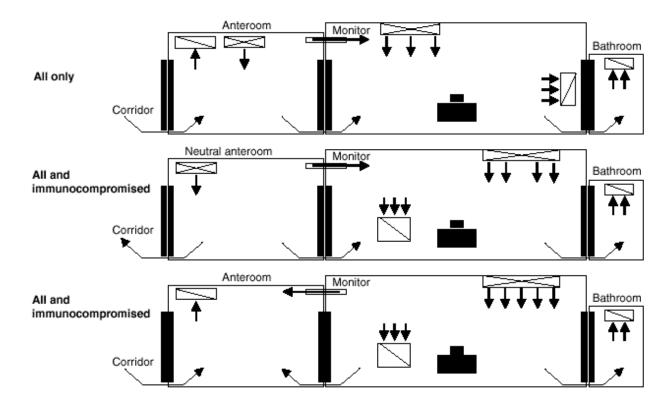
IC Design Features – Isolation Facility

FIGURE 2. Example of airborne infection isolation (All) room with anteroom and neutral anteroom*

FIGURE 1. Example of positive-pressure room control for protection from airborne environmental microbes*†



Source: Adapted from Heating/Piping/Air Conditioning (HPAC) Engineering, October 2000, Penton Media, Inc.



Source: Used with permission from Andrew J. Streifel, M.P.H., University of Minnesota.

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm 6/

IC Design Features – Isolation Facility

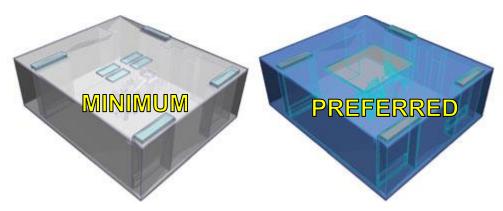


Source: biologicalcontrols.com

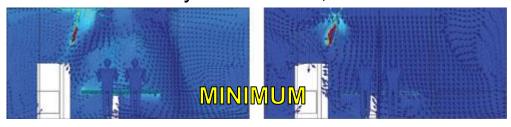
Airborne Infectious Isolation (negative pressure) rooms require air flow from where staff enter, to and over the patient.

Isolation rooms must be include pressure monitoring devices that provide visual indication of the pressure differential and that set off an alarm when the differential falls below a set level.

IC Design Features – Surgical Suite



Laminar Flow array turbulence, Min. vs. Preferred





http://ortoday.com/rethinking-the-operating-room-to-prevent-surgical-site-infections/

Operating rooms are among the most infection-sensitive environments in health care. Surgical procedures increase patient vulnerability to pathogens from surgical personnel, surgical equipment, the air and a patient's own skin flora.

Cleanroom technology and design practices are already used by critical-process manufacturers facing similar consequences in a different context.

Last Chance for Questions and Comments on:



- ICRA process for design professionals
- IC (infection-control) design considerations
- Any more on the role of the built environment in preventing Healthcare Associated Infections

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The URL to the webinar survey/form http://bit.ly/2iEhT4M will be emailed to the person who registered your site.

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Date	Series	Topic
3/21	Master Studio Series	Post Occupancy Evaluation – Dublin Hospital
4/11	Master Studio Series	Lean Inpatient Design Strategies
5/9	HC 101 Series	Building Enclosure Fundamentals – Air Barriers for Hospitals

^{*}Dates and topics are subject to change

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