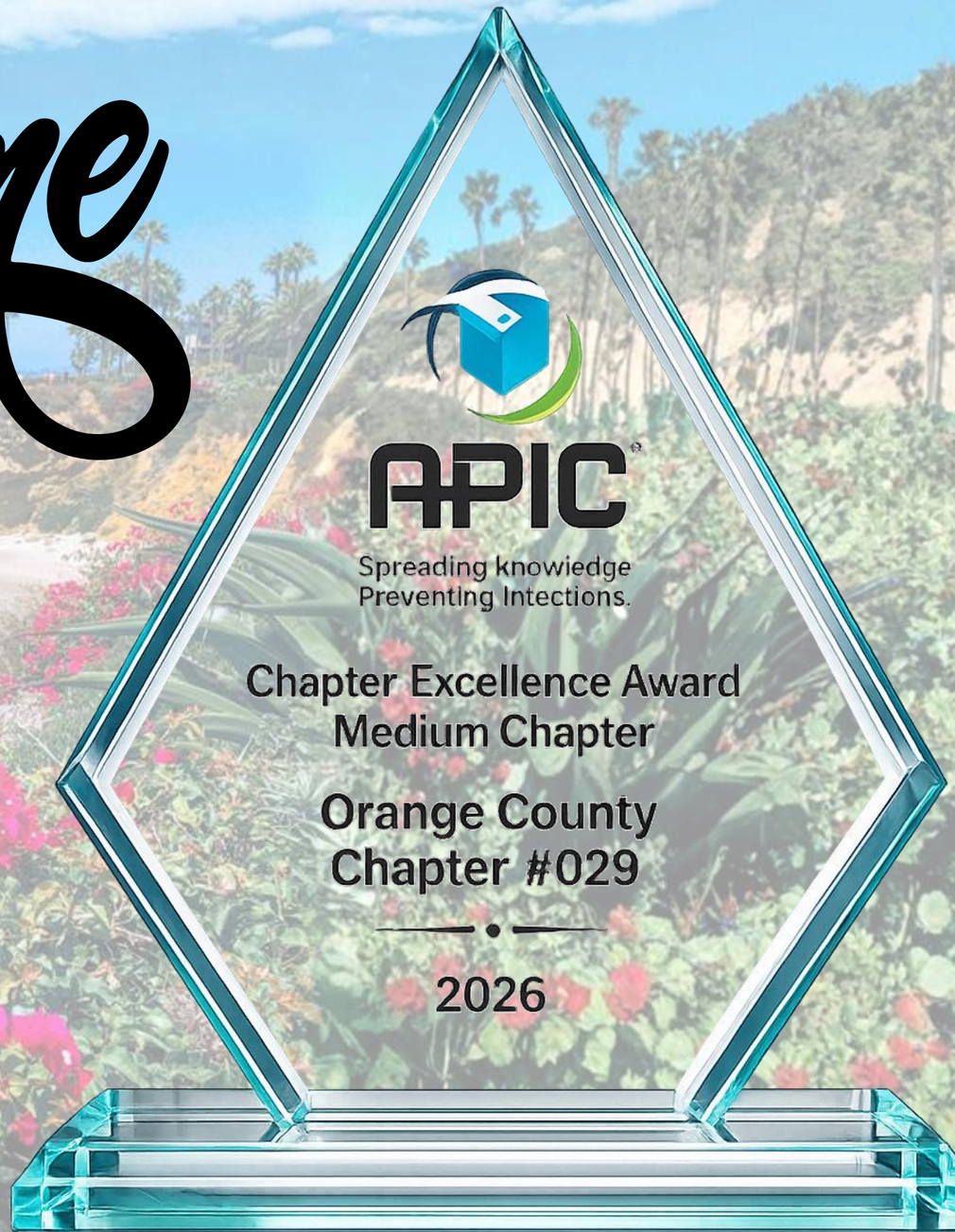
Welcome

Tuesday, July 7th

12pm - 3pm



Agenda

- OCHCA Update
- Lessons in Motion
- Legislative Update
- Board Report Out
- Sponsor Spotlight: Support into Education

Approval of May Meeting Minutes

APIC ORANGE COUNTY

Association For Professionals In Infection Control Orange County Chapter 029

APIC Chapter 029 – Orange County is dedicated professional organization operating within the healthcare landscape of Orange County, California. Our fundamental purpose is to serve as a leader and indispensable resource in the specialized field of infection prevention, control and epidemiology within healthcare settings.

Member Meeting Minutes: 5/5/2026 @12:05p

Meeting Location: St. Jude's Urgent Care Building

2251 Harbor Blvd, Fullerton, Ca 92835

In person/Virtual Teams Meeting

	Agenda Item	Presenter	Minutes	Time

1	Call to order	Emily Barnard	Emily called the meeting to order and presented the agenda. Emily also reminded the members to scan the QR code to capture attendance.
			Meeting agenda
			• Call meeting to order
			• Approval of April Minutes
			  ◦ Claudia Skinner approved
			  ◦ Michele Hom seconded
			• OCHCA Report
			• Regulatory Sharing
			• Forward from Fumbles
			• President Report
			  ◦ Board Recognition
			  ◦ Open Board positions
			  ◦ APIC '26
			• Board Report
			• Winter Mingle Event Promotion
			• Round Table
				12:00-12:01

2	**OCHCA Report**	Anissa Davis/Mi Le	**Measles:** • **OC County**: Only 3 cases to date • **California**: 45 cases • **National:** 1814 cases (20% under 5yrs) • Documentation is helpful when performing exposure cases	12:05-12:30

			Orange County MDRO Exchange
			
			• System **Purpose:**
			  ○ Secure, web-based, county-wide system for priority Multi-Drug Resistant Organism (MDRO) information.
			  ○ Developed in 2019 to improve inter-facility communication regarding emerging MDROs (*C. auris*), addressing communication gaps.
			  ○ Provides patient lookup, transfer notifications, and inter-facility form building.
			• **MDROs Currently Included:** *Candida auris*, CRE, CRAB, CP-CRPA.
			• **Surveillance Data (End 2025):**
			  ○ **C. Auris:** Nearly 4,000 cases since 2018. Increasing trend, primarily in LTACs/SNFs, but also growing in acute care.
			  ○ **Bacterial MDROs (CROs):** Over 3,500 cases. Prevalent in acute care, but significant numbers in LTACs/SNFs.
			  ○ Knowing patient MDRO status is critical for infection prevention (precautions, cohorting, screening).
			• **Addressing Communication Gaps:**
			  ○ Previously, facilities relied on chart reviews and verbal reports, leading to issues like:
			  ▪ Missed positive results during patient transfers (e.g., re-screening unnecessary).
			  ▪ Lack of awareness of positive results for patients admitted from home, leading to transmission risk.
			  ○ The exchange aims to close these specific gaps.
			• **How it Works:**
			  ○ Leverages existing Electronic Lab Reporting (ELR) submitted to public health.
			  ○ Most data automatically populates the system; minimal manual entry required from facilities.
			  ○ All relevant MDRO data reported to HCA appears in the system, even if a facility doesn't directly participate.
			• **Current Status (Launched End of 2024):**
			  ○ 20 facilities currently onboarded (mostly SNFs, some acute care/LTACs).
			  ○ Over 2,000 patient lookups performed to date, preventing potential exposures.
			  ○ Offers both manual lookup and a semi-automated bulk lookup via Excel template.
			  ○ Future goal: Interlink with LA County's MDRO data exchange.	

			• **Accessing the System for Facilities:**
			  ○ Contact the HAI team at HAI_@OCHCA.com.
			  ○ Process involves DUA completion, user registration, and a 1-hour training.
			• **Identified Barriers to Adoption:**
			  ○ Limited staff capacity for initial setup.
			  ○ Challenges in gaining buy-in from administrators or legal departments.
			  ○ Feedback is welcomed on additional barriers to improve the system's utility.	

3	**Regulatory Sharing**		• No recent surveys	12:00-12:05
4	**Forward from Fumbles**	All	• Making sure there are enough observations when perform Hand Hygiene • Working with front line staff	12:00-12:05
5	**President's Report / New Business**	Emily Barnard	**Colleague Corner** • Help us help you! • Open positions, questions to your peers, etc National APIC • Grab a shirt if you are going to Nashville • We are getting the Chapter Excellence Award	12:35-12:45
6	**Treasurer**	Emily Barnard	**Financial Update:** • Income so far from member dues and vendorsponsorships $3823.74 • Would like to be able to associate which vendor made which payment. • Switching payment platform from Paypal to Zeffy • Will create new payment link for any Vendor sponsorship.	12:45-12:50
7	**President Elect**	Claudia Skinner	No report	

8	**Membership at Large Year 1**	Emily Barnard	**Upcoming Education (June-Dec):** • **June:** *Dark (APIC Conference)* • **July:** Diversity, Equity, Inclusion (APIC members) • **August:** Communicable Diseases/Reportables (San Francis lab director; e.g., encephalitis). • **September:** HVAC Systems and Room Pressures • **October:** OC APIC Conference-Wahoo! • **November:** Waste Management Simplified • **December: Holiday Party**	12:50-12:55
9	**Membership at Large Year 2**	Stacie Fujimoto	**23rd Annual Conference (Oct 9th):** • 157 days from today • **Location:** Cal State Fullerton (CSUF) – aimed at connecting IP professionals with nursing, public health, and bio students. • **Save the Date** • **Tell your colleagues**	12:50-1:00
	Social Media	Todd Bloom	No report	
	Secretary	Michele Hom	No report	
	Vendor Report	Lindsay Kincaid	No report	
7	**Round Table / Adjournment**	All	Darcey • Discussed world hand hygiene with staff, RNs, LVNs, EVS, etc • Asked questions, demonstrations, donning/doffing; treats given	
8	**Vendor Product Presentation:**			

Next Meeting: 2/3/2026

Education Presentation	Presenter	Time
Adam Okada	Sterile Processing and Instructions for Use	1:30 – 3:30pm

Board & Committee Attendance		Jan	Feb	Mar CACC	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
President	Emily Barnard	Y	Y	Y	Y	Y	D						
President-Elect	Claudia Skinner	Y	Y	Y	Y	Y	A						
Treasurer	Gina Martinek	Y	Ab	Ab	Y	Ab	R						
Secretary	Michele Hom	Y	Y	Y	Y	Y	K						
Member at Large Yr. 2	Stacie Fujimoto	Y	Ab	Y	Y	Y	National						
Member at Large Yr. 1	Vera Alfred	Y	Y	Ab	Y	Ab	A						
Webmaster Director	Todd Bloom	Y	Ab	Ab	Y	Ab	P						
Vendor Liaison (OPT)	Lindsay Kincaid	Ab	Y	Y	Y	Ab	I						
Committee Member	Lilian Ablir	Y	Y	Ab	Y	Ab	C						
OC DPH Liaison	Mi "Mimi" Le	Ab	Ab	Ab	Ab	Y							

Ab=notified absence from meeting


ORANGE COUNTY
ESTD
1977
APIC
CHAPTER 29
NEW
UPDATE
COUNTY OF ORANGE
CALIFORNIA
health
CARE AGENCY

LESSONS IN MOTION

SHORE UP GAPS. COMMUNITY ENGAGEMENT.

Missed opportunity in infection prevention sharing helps us build a stronger community.

SHARE INSIGHTS. STRENGTHEN OUR COMMUNITY.

ENGAGE OTHERS. CREATE CONNECTIONS.

IDENTIFY GAPS. IMPROVE PRACTICES. REDUCE RISK.

TOGETHER, WE PREVENT. TOGETHER, WE PROTECT.

EVERY ACTION COUNTS. EVERY SHARE MATTERS.

STRONGER TOGETHER. SAFER TOGETHER.

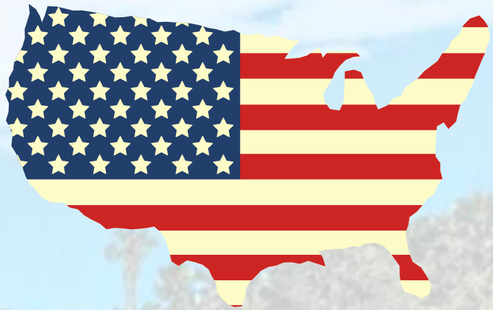
Legislative Updates

Legislative Updates

- Climate Change: Trump Administration fires climate experts. Climate.gov is now Climate.US

- Healthcare Guidance Change: Trump disbanded CDC HICPAC. HIPAG was created to fill the void with SHEA and APIC: 12/2025 created and experts finalized 6/2026

Legislative Updates



SHEA
The Society for Healthcare Epidemiology of America

MEMBERSHIP ▾ EDUCATION & TRAINING ▾ GUIDANCE ▾ RESOURCES ▾ ADVOCACY ▾ PUBLICATIO

APIC and SHEA Appoint Subject Matter Experts to Healthcare Infection Prevention Advisory Group (HIPAG) to Advance National Infection Prevention Leadership

JUNE 01, 2026

Legislative Updates

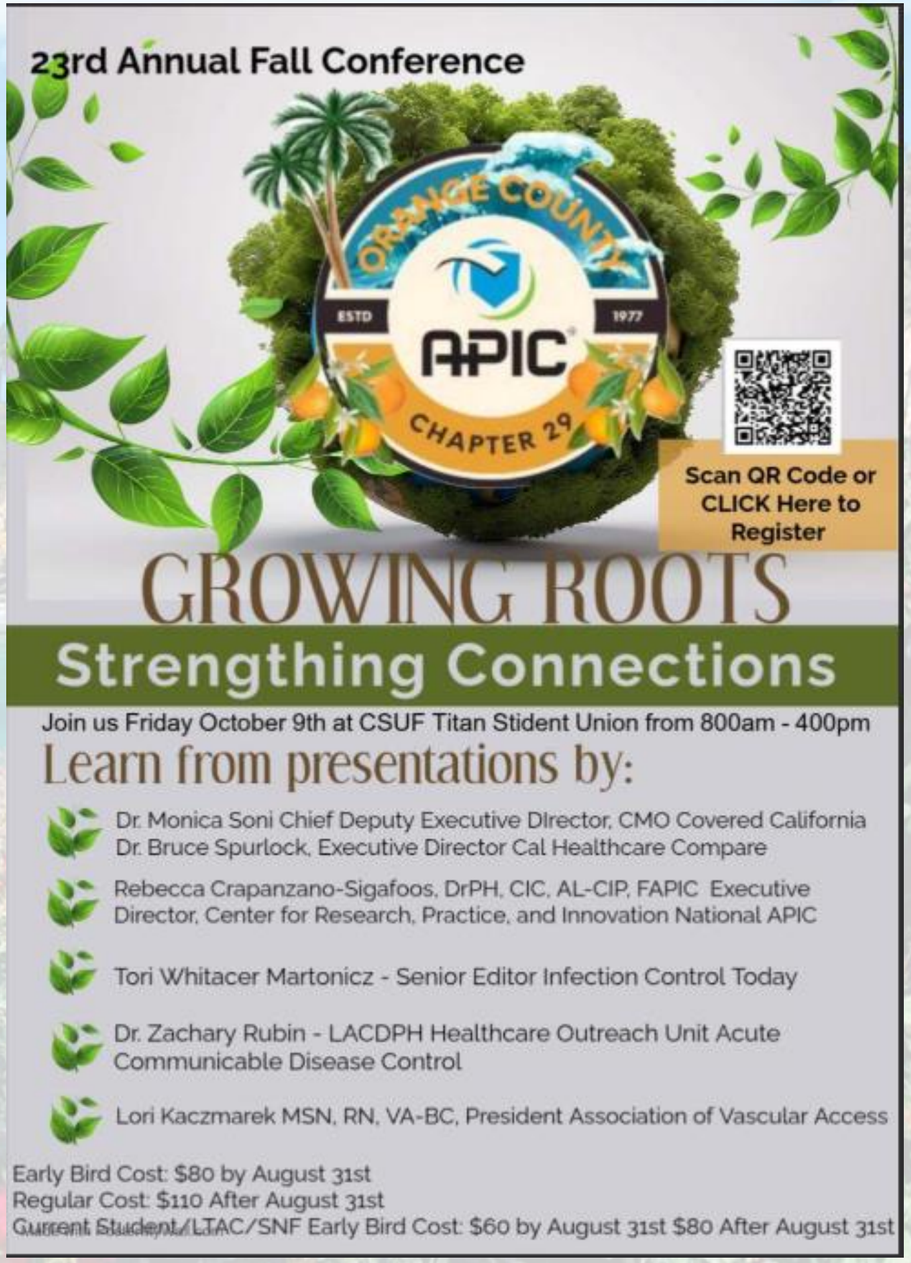
- HHS announced that Robert F. Kennedy Jr. signed official determinations terminating the COVID-19 Emergency Use Authorization (EAU) declarations. These declarations covered drugs, biological products and medical devices.
- The EAU termination for medical devices takes affect approximately 12/26/2026.

President Elect Report

Begin considering nominations for below positions:

- President Elect
- Treasurer Elect
- Member at Large, Year 1- Education Director
- Membership Secretary

Conference Update



Educational Series Calendar

Treasurer Quarterly Report

INCOME	Description	Annual Budget	First Quarter 1/1-3/31	Second Quarter 4/1-6/30	Third Quarter 7/1-9/30	Fourth Quarter 10/1-12/31	Annual Totals	Variance From Budget
Membership dues	individuals/members that compare reasonably with member benefits such as subscriptions, discounts on products and services.	$ 3,000.00	725.00	1,075.00	-	-	1,800.00	1,200.00
Conference revenue/registration fees	Registration fees meetings, conferences, trade shows, promoting/announcing event	$22,000.00	-	240.00	80.00	-	320.00	21,680.00
Conference revenue/registration fees	contact information	$ -	-	-	-	-	-	-
Conference Vendor support/sponsorship	dividends and interest		-	1,300.00	2,000.00	-	3,300.00	(3,300.00)
Government grants	donor		-	-	-	-	-	-
Investment earnings			-	-	-	-	-	-
Other contributions, gifts, grants	donor		-	-	-	-	-	-
CACC Meeting		$ -	-	-	-	-		
Install/Holiday Luncheon			-	-	-	-	-	-
Vendor- Sponsorships at Monthly Meetings	products, funds raised from raffles	$ 1,350.00	2,023.74	-	-	-	2,023.74	(673.74)
CACC Foundations Seed Money		$ 1,800.00	-					
Other revenue			-					
TOTAL INCOME		26,350.00	2,748.74	2,615.00	2,080.00	-	7,443.74	18,906.26

- Income slowly picking up with OC Annual Conference registration open.
- SHARE SHARE SHARE! Get the word out there – we need people to register so we can maintain our funds.
- Zeffy working great! Funds deposited straight to Bank of America account without any fees deducted.

Treasurer Quarterly Report

- Please keep BUDGET in mind when making purchases that you expect to be reimbursed for
- Large ticket items coming up for Annual OC APIC conference. Please refer to budgeted amount.
- Reimbursement requests require reimbursement form and receipt for proof of purchase emailed to treasurer@ocapic.com. Please allow processing time up to 30 days.
- Currently we are at a net loss which is to be expected at this time. Expected increase in income with more registrations for conference

EXPENSES	Description	Budget	1/1-3/31	4/1-6/30	7/1-9/30	10/1-12/31	Totals	Budget
Fees for Service - Microsoft	Fees for contractors, legal, accounting and auditing professionals	$ 600.00	72.00	72.00	24.00	-	168.00	432.00
Office expenses - Mail Merger	conference		65.25	65.25	-	-	130.50	(130.50)
Office supplies/Technology		$ 400.00	-	-	-	-	-	400.00
Technology (AV Equipment)				-	-	-		-
Chapter business expenses	Travel, registration, etc		-	-	-	-	-	-
National APIC Conference	Travel and lodging (Emily and Vera)	$ 5,230.00	909.60	5,090.50	79.07	-	6,079.17	(849.17)
Annual OC APIC Conference		$12,000.00	-	-	-	-	-	12,000.00
PWSA Conference			-	-	-	-	-	-
Install/Holiday Luncheon	prevention exempt organizations	$ 1,000.00	-	-	-	-	-	1,000.00
Education reimbursement (scholarship)	Reallocated CACC expenses ($2000) to Education Fund - Discussed in Feb 2026 Board meeting	$ 5,100.00	-	2,271.89	1,500.00	-	3,771.89	1,328.11
Insurance			-	-	-	-	-	-
APIC Bonding Renewal	transfers, stop payments	$ 600.00	551.95	-	-	-	551.95	48.05
CACC Dues/Renewal fees		$ 1,012.50	838.00	-	-	-	838.00	174.50
CACC Foundations Seed Money		$ 100.00	-	-	-	-	-	100.00
Monthly Education	Linda Dickey donated her $100 back to chapter, Reallocated to Education Scholarship	$ 400.00	-	-	-	-	-	400.00
Bank charges			-	-	-	-	-	-
Sunshine Fund	Lindsay - Child birth $50	$ 100.00	-	50.00	-	-	50.00	50.00
Member Engagement	CBIC pins (6 ~$60) = $120 Small speaker gifts (<$15) = $135 Shirts for ALL OC APIC members attending National APIC in Nashville (12 shirts ~$150) = $150	$ 405.00	-	-	-	-	-	405.00
Plaques		$ 250.00	130.38	-	-	-	130.38	119.62
Board Gifts		$ 500.00	73.27	-	-	-	73.27	426.73
BRN Number			-	-	-	-	-	-
Other	Monthly Meeting Lunches pulled from Vendor Sponsorships		-	269.35	-	-	269.35	(269.35)
TOTAL EXPENSES		27,697.50	2,640.45	7,818.99	1,603.07	-	**12,062.51**	**15,634.99**
NET INCOME / (LOSS)		(1,347.50)	108.29	(5,203.99)	476.93	-	(4,618.77)	

President's Report

Newly CERTIFIED?

We want to celebrate YOU!

Your hard work.
Your dedication.

Your next chapter in Infection Prevention.

Let us know!
We want to celebrate you!

Pins available,
notify us when certified!!

2026 APIC Fellows

- Syed Abdul Bari
  FAPIC
- Emily Barnard
  FAPIC
- Julia Bell
  FAPIC
- Marissa Broadley
  FAPIC
- Laura Buford
  FAPIC
- Jaclyn Fosnacht
  FAPIC
- Jennifer Gutowski
  FAPIC
- Kathleen Henschel
  FAPIC
- Margaret Hill
  FAPIC
- Jennifer Jaffe
  FAPIC
- Kristi Juaire
  FAPIC
- Yoojin Kim
  FAPIC
- Lacey Kovar
  FAPIC
- Beth Ann Lambert,
  FAPIC
- Louise Lie
  FAPIC
- Frances Nicholson
  FAPIC
- Mary Reilly
  FAPIC
- Tracey Rhodes
  FAPIC
- Latasha Richards
  FAPIC
- Shannon Rowe
  FAPIC
- Kellie Rusin
  FAPIC
- Natalie Schnell
  FAPIC
- Fozia Steinkuller
  FAPIC
- Holly Taylor
  FAPIC
- Rachel Weber
  FAPIC
- Ashlee Weekley
  FAPIC
- Erin Wilder
  FAPIC


ORANGE COUNTY
ESTD 1977
APIC
CHAPTER 29
APIC26
JUNE 15-17 NASHVILLE
JUNE 14, 2026
NASHVILLE, TN
CHAPTER LEADERS DAY
STEWARDSHIP RELIES on US!
...AND THE WINNERS ARE...
WHAT'S NEW?
CEO/PRESIDENT REMARKS
STUDENT NURSES
ACADEMIC PATHWAYS
REVISED STRATEGIC plan
"HIPAG"
APIC ↔ SHEA
SUMMIT IFUs
PLAYBOOKS & WHITEPAPERS
guidance
SAFE INJECTIONS
QUALITY & SAFETY microcredential
IT PAYS OFF!
EXCELLENCE AWARDS
RESEARCH & PROFESSIONAL DEVELOPMENT
PA
DE
IP WORKER SHORTAGE
MEDICAID CUTS
EDUCATION
IP STAFFING CALCULATOR
DO WE HAVE "ENOUGH" & "RIGHT"?
ROI CALCULATOR EXPANSION
RAPID RESPONSE
IP COMPETENCY MODEL
EQ DOMAINS
BE SMART!
ai WEBINARS & PROGRAMMING
Lead yourself.
OWN IT!
HAND HYGIENE OBSERVATION STUDY
AK
MIDNIGHT SUN
annual CONFERENCE ACCESS & PARTICIPATION
HELLO MY NAME IS...
CHAPTER LEADERS AWARDS
EMILY BARNARD ORANGE COUNTY
KRISTEN GRIMES GRAND CANYON
JENNIFER JACKSON CENTRAL FLORIDA
MIKAELA KLUVER-GLAB
JESSICA NERBY MINNESOTA
MAGGIE REAVIS KANSAS
KIMBERLY SUTTON KANSAS
HILLARY HEI DELAWARE VALLEY/PHILADELPHIA
BACK-TO-BASICS RESOURCES
CHECK DUE DATES
TO DO:
TAX FILINGS
LOGO AGREEMENTS
FINANCIAL REPORTS
BYLAWS
ROSTERS
DUES
NEW LOOK!
GIVE US... FEEDBACK!
WEBSITES
APIC ONLINE COMMUNITY
CREATE EVENTS REGISTRATIONS & MORE!
Paypal 1st or Stripe
CREATE ACCOUNT
SUPPORT FOR HANDS-ON
CHATBOT
ONLINE TUTORIALS
IA
MENTORSHIP & ENGAGEMENT
CA
HIGH-IMPACT LOW COST STRATEGIC TOOLS
HI
INTER-DISCIPLINARY TRAININGS
WV
ADVOCACY PROGRAMS
TX
MODERNIZED & UPGRADED PLATFORMS
in
BINGO
LET'S NETWORK!
HEY MACARENA!
MOST IPs STOP HERE.
DATA → meaning
what. why?
ACTION
what should we do?
mentoring
sponsorship
TASK
SYSTEMS
TRANSACTIONAL vs. TRANSFORMATIONAL
EMERGENT
TRUST
CREDIBILITY
EQ
CREATES
RELIES on
INFLUENCE
Hi! I'm the Problem - it's me!
THE HARDEST PROBLEMS are rarely technical.
PEOPLE STAY WHEN THEY FEEL VALUED! HUNGRY FOR DEVELOPMENT!
WORKFORCE BIGGER than BURNOUT!
"INFECTION PREVENTIONISTS"
BUILT on TECHNICAL EXPERTISE
ADAPTABILITY
things are changing...
One PROFESSION... Many PATHS
Lead!
framethemessageink.com


WILD WEST
WILD WEST
NASHVILLE '26

APIC26

JUNE 15-17 NASHVILLE

Medium Chapter

Chapter Excellence Award

ORANGE COUNTY
ESTD 1977
APIC
CHAPTER 29

JOINT COMMISSION
ELEVATING CARE. TOGETHER.

APIC
Association for Professionals in Infection Control and Epidemiology

The APIC/Joint Commission Infection Prevention and Control Workbook

FIFTH EDITION

Ready Reference for Microbes

4th Edition

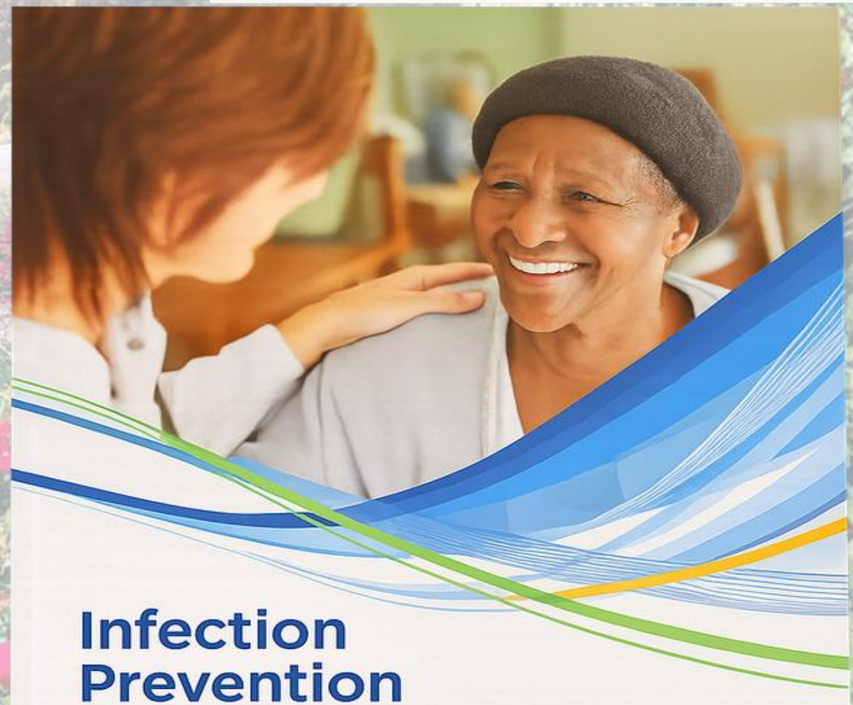
APIC

WORKBOOK

ENDOSCOPE REPROCESSING MANUAL

HSPA

HEALTHCARE SUPPLY PROCESSING ASSOCIATION



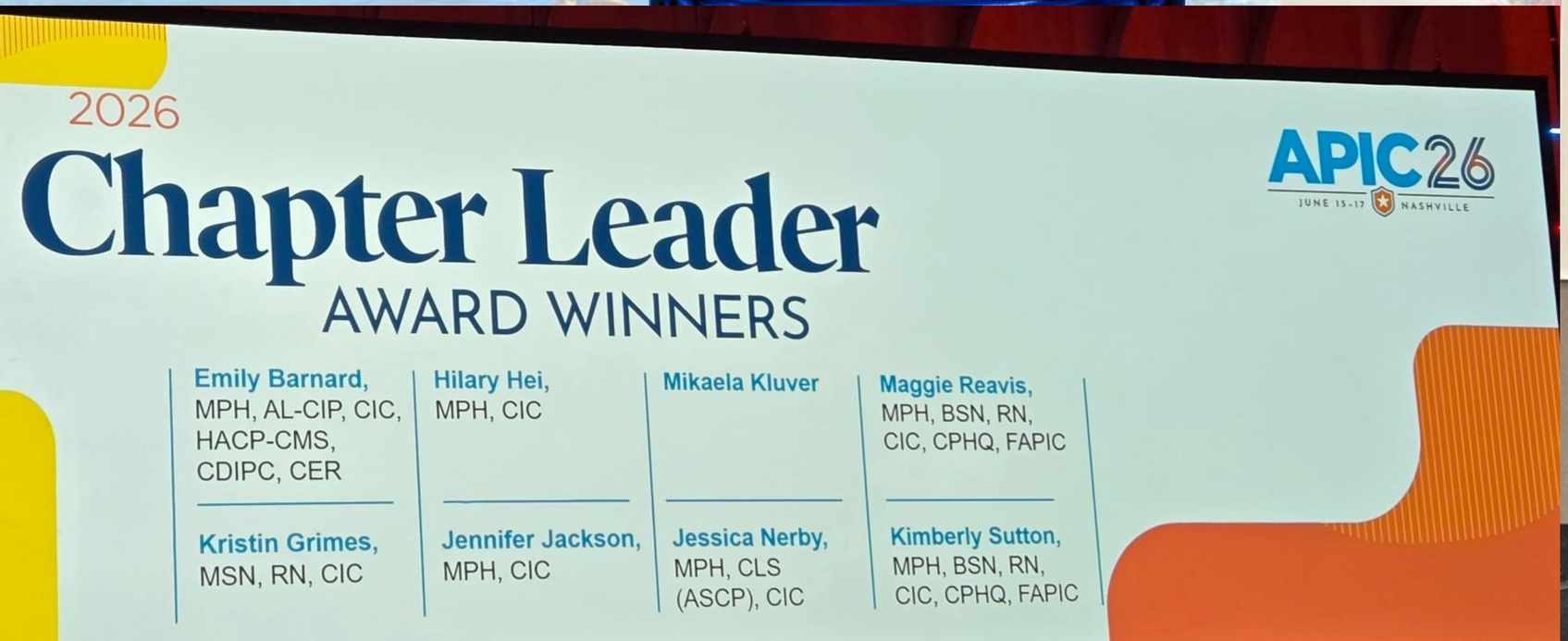
Infection Prevention Guide

TO LONG-TERM CARE

2nd Edition

APIC


APIC
Spreading knowledge.
Preventing infections.
Chapter Leader Award
Emily Barnard
MPH, CIC®, CDIPC, HACP-CMS, AL-CIP®, CER®
2026


2026
Chapter Leader
AWARD WINNERS
APIC26
JUNE 15-17 NASHVILLE
Emily Barnard, MPH, AL-CIP, CIC, HACP-CMS, CDIPC, CER
Hilary Hei, MPH, CIC
Mikaela Kluver
Maggie Reavis, MPH, BSN, RN, CIC, CPHQ, FAPIC
Kristin Grimes, MSN, RN, CIC
Jennifer Jackson, MPH, CIC
Jessica Nerby, MPH, CLS (ASCP), CIC
Kimberly Sutton, MPH, BSN, RN, CIC, CPHQ, FAPIC

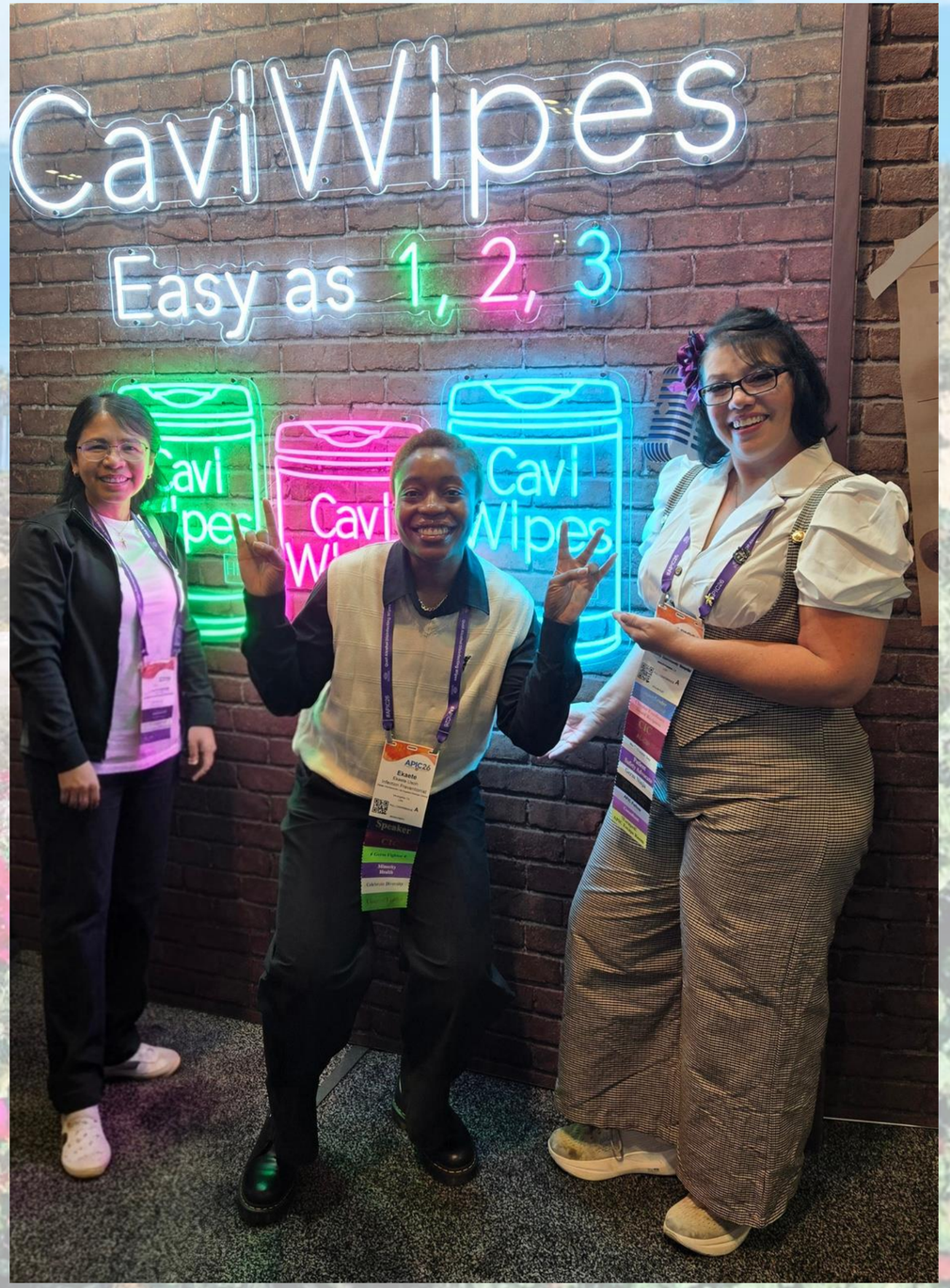

APIC
Association for Professionals in Infection Control and Epidemiology
CHAPTER


ORANGE COUNTY
ESTD
1977
APIC
CHAPTER 29
No Smoking on Terraces
APIC 26

APIC26


APIC26
JUNE 13-17 NASHVILLE
Backstage Escape
SICK BEATS ONLY (NO PATHOGENS)
GLOVED UP & READY TO ROCK
Another One Bites the Dust... LITERALLY
I CAME. I SAW. I CONTAINED.
Another One Bites the Dust... LITERALLY
Don't make me CONTACT TRACE YOU.

Vendor Sponsored Education Awardee



APIC Leadership Awards

Emerging Leader in IP Award

The 2026 submission period is now closed.

The *Emerging Leader in IP Award* recognizes new Infection Preventionists who have demonstrated a commitment to the field and their professional growth. The Award supports the Emerging Leader who is interested in developing their leadership skills to advance Infection Prevention and Control (IPC) both locally and nationally.

The Emerging Leader in IPC Award recognizes individuals with no more than 3 years of experience in an infection prevention role at the time of submission.

APIC Leadership Awards

CHAPTER EXCELLENCE AWARDS

Chapter volunteers and leaders are bringing forward new and innovative programs, resources, and networking groups to help their members achieve higher levels of competence and relevance. The Chapter Excellence Award recognizes local chapters that have aligned their members and resources in support of APIC's mission and strategic plan.

CHAPTER LEADER AWARD

The Chapter Leader Award provides the opportunity for chapters to recognize an outstanding member. It is presented during the Chapter Leader Meeting at APIC's Annual Conference.
Together with APIC members, we are honored to recognize those who are truly leading and transforming the industry of IPC.

Donna Law Memorial Award

Donna Law was an Infection Preventionist in the Orange County APIC Chapter from 1983 to 1987. Although new in her role in infection prevention, Donna actively participated in our Chapter. She served as a member of the Board and the Education Committee and was always willing to volunteer her time and help for the chapter. Donna's enthusiasm for infection prevention and her continued efforts to work, attend chapter meetings, and study for her CIC certification throughout her illness served as an inspiration to us all. Her infection control colleagues in our chapter established this award in her memory after she died in 1987.

This award recognizes achievements in infection prevention, leadership, integrity, interest in epidemiology, and improvement in patient outcomes.

Nominations Opening Soon:
August 1st – August 15th

Dates and Deadlines

- Call for Speakers will open **July 1, 2026**
- Presentation submissions are due by **August 9, 2026**, by **11:59 PM EST**

APIC27 Call for Speakers Submission Site

Welcome to the APIC27 Annual Conference & Expo
Call for Speakers Submission Site

APIC Wants You to Spread Your Knowledge About Infection Prevention and Control

The Annual Conference Committee invites you to submit a speaker proposal for the APIC27 Annual Conference scheduled for June 14-16, in Los Angeles, CA.. Next year's annual conference will provide an outstanding mix of quality education to showcase new ideas and evidence-based practices. Educate your peers and contribute to the field of infection prevention and epidemiology by submitting a presentation proposal for consideration. Our event is the premiere event welcoming leaders, practitioners, and change-makers from all around the world to collaborate and learn from the best. Sessions for our agenda will be selected from these submissions.

Here are the different tracks we are offering:

- Antimicrobial and Diagnostic Stewardship
- Disinfection and Sterilization
- Education, Training and Competencies
- Emergency Preparedness
- Environment of Care
- Implementation Science and Research
- Information Technology and Surveillance
- Leadership Development and Program Management
- Long-term Care
- Occupational Health and Wellness
- Public Health and Health Policy
- Quality Assurance and Performance Improvement

Schedule:

6/01/26	Call for presentations opens and submissions begin
8/3/26	Call for presentations closes and submissions no longer accepted
9/14/26	Acceptance notifications sent
9/21/26	Presenter acceptance deadline
3/22/27	Speaker Presentations Due

AORN
GLOBAL SURGICAL CONFERENCE & EXPO

Call for Poster Abstracts

AORN Expo 2027 | April 10-13 | Philadelphia, PA

Present Your Poster at AORN EXPO 2027

You're invited to share your periop knowledge or new practice ideas with your peers at AORN Expo 2027. The Due Date for poster submission is July 19, 2026 at 11:59 ET. Poster authors agree when submitting an abstract that they retain copyright ownership of the abstract and poster. They warrant that the poster is factually accurate, and that nothing in the poster violates any proprietary or personal rights of others.

Submit Poster Abstract

Select Language

Powered by Google Translate

* indicates a required field

Welcome to the IDWeek 2026 Late Breaking Abstract Submission Page

All submitters must create a new account to submit an abstract to IDWeek 2026. If this is your first IDWeek 2026 abstract submission, please click on "Join Now" to create an account. If you have already submitted an abstract for 2026, please login using your login/access key. Please review the IDWeek Abstract Guidelines here: IDWeek Abstract Information.

Late Breaking Abstract Requirements

IDWeek late Breaking abstract submissions are limited to truly late-breaking, high-impact scientific research for which results were not available at the time of the May 1 regular abstract submission deadline. Late breaking abstracts should present data that are high impact, ground breaking, innovative, and newsworthy. IDWeek will accept “non-trial data” abstracts for critical or emerging issues through the call for late breakers.

Only a very small number of Late Breaking Abstracts are accepted to IDWeek.

Abstracts are ineligible for consideration if data was available at the time of the May 1 regular submission deadline

Submission Due Date: August 4, 2026 11:59 p.m. ET.

Vera Alfred
Education Awardee
Presentation

Sterilization Success: A Blueprint for Ambulatory Care Settings

Kelli Heisner, MSN, RN, CIC

Lynn Skelton, BSN, RN, CIC

June 15, 2026

Relevant Financial Disclosures

No Disclosures

None of the faculty or planners for this activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Learning Objectives

- Identify the key challenges associated with cleaning and sterilization of reusable instruments in ambulatory care settings, including the lack of formal training.
- Develop and implement standardized cleaning and sterilization procedures to reduce safety risks for patients and healthcare workers and improve clinic workflows.
- Utilize an audit process with a metric dashboard to validate compliance with standardized procedures and ensure the sustainability of a sterilization program.

Audience Questions

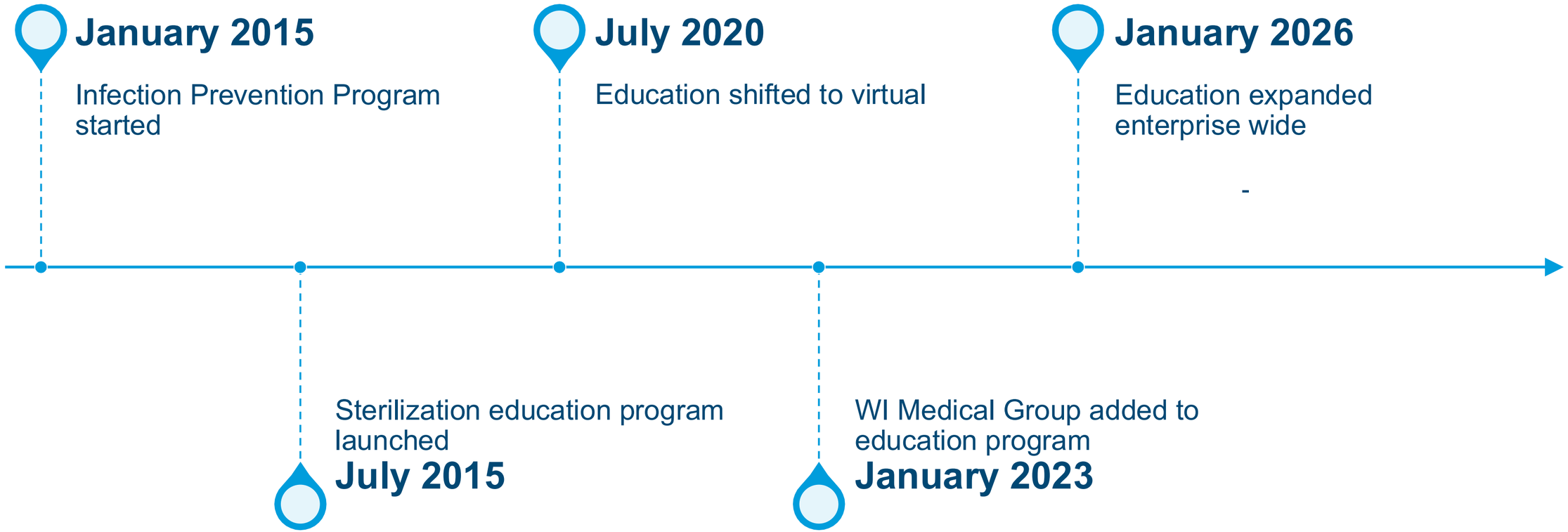
Advocate Medical Group (AMG)

- 1,500+ physicians and advanced practice clinicians
- 350+ locations across Chicagoland and suburbs
- Services include:
  - Primary Care (Family Medicine, Internal Medicine, General Pediatrics)
  - Adult & Pediatric Specialties include but are not limited to: Cardiology, Dermatology, General Surgery, Urology, ENT, OB-GYN, Podiatry, Orthopedics, Neurology
  - Urgent Care
  - Imaging
  - 2 Ambulatory Surgery Center (ASC)
  - Large resident dental program and clinic including 2 mobile vans

Background

Limited oversight	No sterile processing experts	No formal education or standardized training
• Managed by Quality • No master list of sites performing sterilization	•Sterilization performed by medical assistants (MA) and nurses	•Reliance on the train-the-trainer model •Inconsistent or absent training

Our Sterilization Journey



Challenges in Ambulatory Sterilization

Clinic Setup

- Limitedclean/soiled separation
- No defined sterile processing flow
- Inadequate air pressure & storage

Workforce

- Multiple responsibilities
- High turnover
- Reduced consistency in high-risk tasks

Accountability

- No dedicated oversight
- Unclear ownership of processes

Acquisitions

- Inconsistent practices
- Limited Infection Prevention oversite

Resources

- Budget limits (equipment, staffing, and supplies)

IFU Access

- Difficultto access
- Not centralized

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Building a Standardized Program

Establishing the Foundation

Leadership Support

- Secured executive leadership team (ELT) buy-in for formal education and standard expectations
- Communicated and reinforced expectations with site leadership

Standards & Best Practices

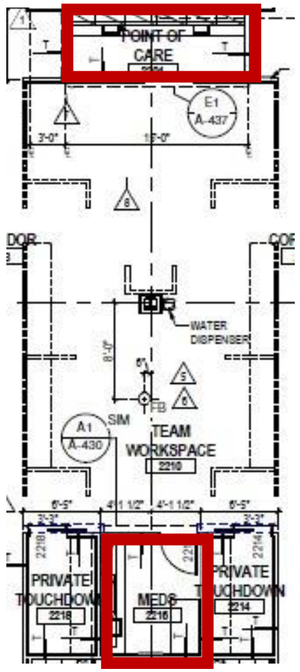
- Researchedand alignedpractices with regulatory requirements and industry best practices

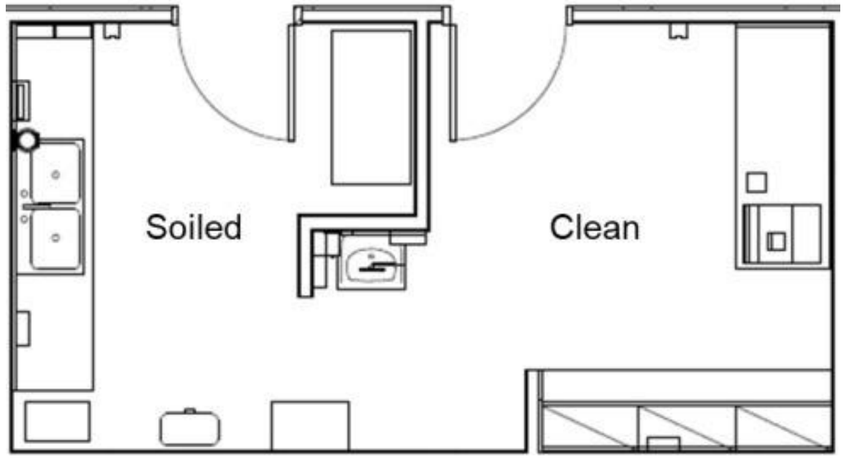
Strategic Partnership

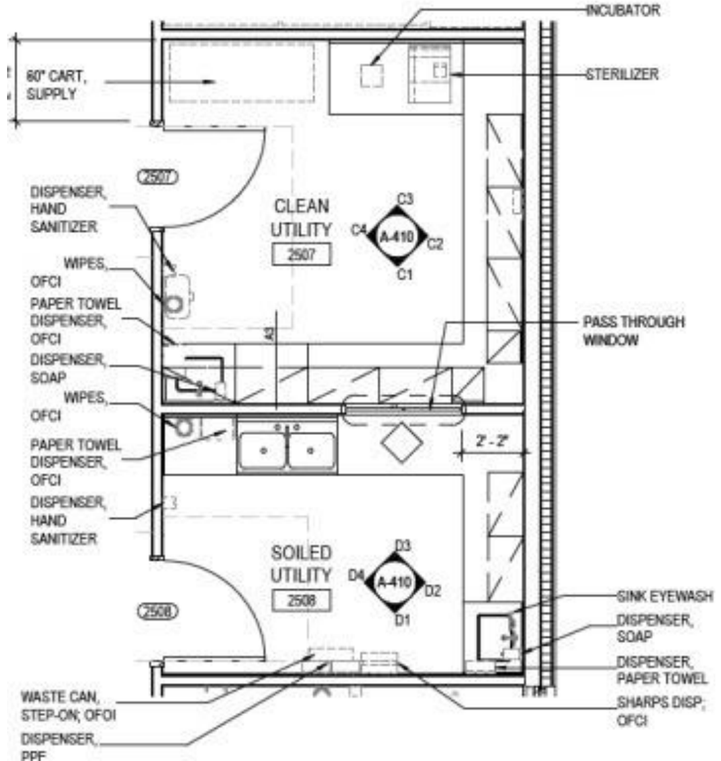
- Engaged supplychain to identify contracted vendors
- Leveraged vendors to support education and equipment needs

Clinic Set-Up

- Defined clean and soiled areas
- Sterilization occurred across multiple locations, either onsite or through transport to another facility
- Collaborated with Design & Construction and Acquisitions teams







Developing the Tools

Policies

- Reviewed existing policies and identified gaps requiring development

- Standardized documentation to align with ANSI/AAMI ST79

- Created step -by-step job aids with visuals

- Standardized product use across clinic locations

Developing the Tools

Policies

- Reviewed existing policies and identified gaps requiring development

Logs

- Standardized documentation to align with ANSI/AAMI ST79

- Created step -by-step job aids with visuals

- Standardized product use across clinic locations

Developing the Tools

Policies

- Reviewed existing policies and identified gaps requiring development

Logs

- Standardized documentation to align with ANSI/AAMI ST79

Job Instructions (JIs)

- Created step-by-step job aids with visuals

- Standardized product use across clinic locations

Job Instruction Example

Developing the Tools

Policies

- Reviewed existing policies and identified gaps requiring development

Logs

- Standardized documentation to align with ANSI/AAMI ST79

Job Instructions (JIs)

- Created step-by-step job aids with visuals

Product Formularies (PF)

- Standardized product use across clinic locations

Product Name	Ordering Information	Product Image
Blue Film Gown XLG NS	Workday # 3048553	
Procedural Mask with Eye Shield	Workday # 1109975	
Full Face Visor	Workday # 1082491	

Product Formulary Example

Developing the Tools

Policies

- Reviewed existing policies and identified gaps requiring development

Logs

- Standardized documentation to align with ANSI/AAMI ST79

Job Instructions (JIs)

- Created step-by-step job aids with visuals

Product Formularies (PF)

- Standardized product use across clinic locations

Biological Indicators Tier Risk Assessment

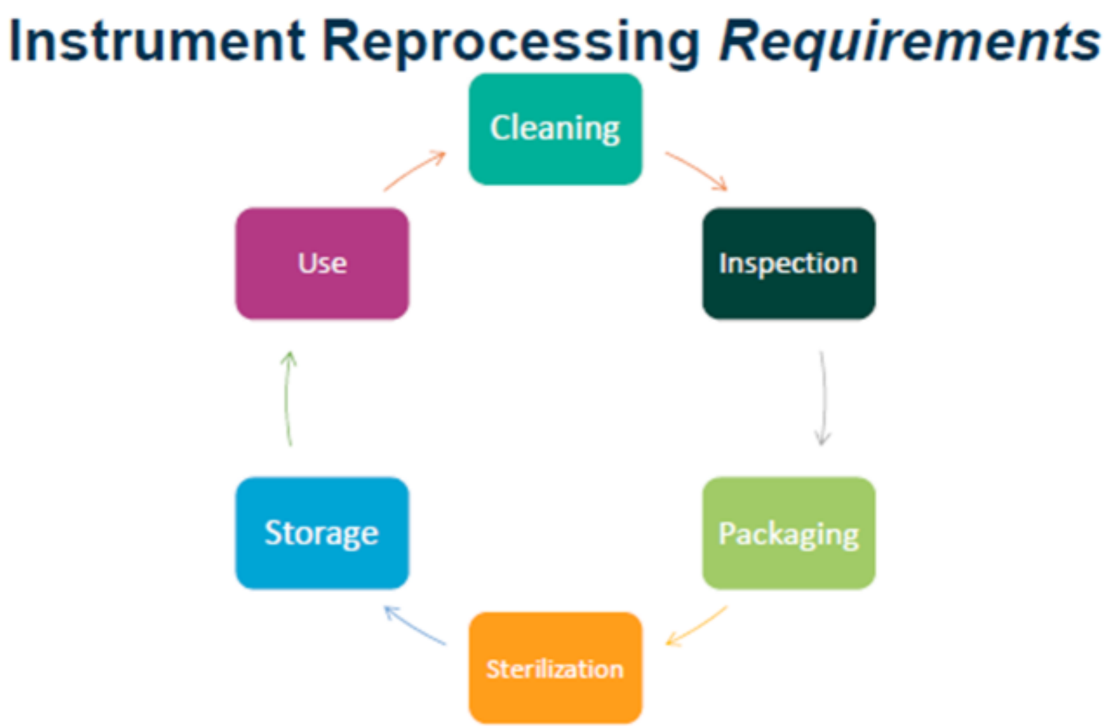
Tier	Site	Autoclave Type	Incubation Time (INC) & Frequency (FREQ)
Tier 1	**ASC** & sites that currently have a 24 min BI	Pre-Vacuum	**INC**: 24 min **FREQ**:every load
		Steam Flush Pressure Pulse	**INC**: 24 min **FREQ**:daily when autoclaveis in use
Tier 2	**High Volume Sites** Use sterilizerat least daily or multiple times per day	Gravity	**INC**: 1 hour **FREQ**:daily when autoclaveis in use
		Steam Flush Pressure Pulse	**INC**: 3 hours **FREQ**:daily when autoclaveis in use
Tier 3	**Low Volume Sites** Use sterilizer 1 to 4 times a week	Steam Flush Pressure Pulse	**INC**: 48 hours **FREQ**: daily when autoclave is in use

Initial Education and Competency

- Mandatory education for allstaffresponsible forsterilization
- Registration managed through the system education platform
- Initial in-person training included:
  - Didactic content and hands-on return demonstrations
  - Vendor -supported education
    - Instrument inspection (e.g., damaged instruments)
    - Sterilizer operation and maintenance
    - Use of chemical and biological indicators
- Transitioned during COVID to a virtual format:
  - Didactic -only delivery
  - Instructional videos
  - Knowledge checks
  - Return demonstration competency required

Core Curriculum Elements

- Spaulding Device Classification
- Single-use vs. reusable instruments
- Reprocessing steps
- Documentation
- Autoclave Maintenance
- Resources



Annual Education & Competency

- Began as a return demonstration
- Partnered with nursing education to introduce the Donna Wright Competency Assessment Model
    - Transitioned to a digital learning platform
    - Content can include trends, safety incidents, and more
    - Demands critical thinking skills

Expanding the Education Program

- 2023: Expanded education to include Wisconsin Medical Group
  - Created subgroup
  - Incorporated professional development team in the development of the education
  - Disinfection Training Techs vs. IP
- 2026: Scaled education to the enterprise level including North Carolina/Georgia Division

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Auditing & Rounding Process


...I swear, I did not overload that sterilizer!
Josy Holdener

The Evolution of Audits/Rounds

- **2016**
  - Tier 2: Unannounced onsite audits by IP
  - Leader audit frequency set (bi-annual, quarterly, or monthly) based on IP findings
- **2017 – 2018**
  - Tier 2: Announced onsite audits by IP
  - Tier 3: IP document audits with leader audit of process within 30 days
- **2019**
  - Tier 2: IP document audits with leader audit of process within 30 days
  - Tier 3: Announced onsite audits by IP
- **2020 – 2021**
  - 30% random sample of Tier 2 & 3 sites received onsite IP audits
  - Remaining sites underwent IP document audits with leader audit of process within 30 days
- **2022 – Present**
  - Alllocations receive announced onsite rounds by IP

Rounding Framework

Rounding Frequency

- ≥90% compliance: Annual IP rounding
- <90% compliance: Monthly IP rounding until score reaches ≥90%

Leader Expectations

- Monthlyleaderordesignee rounding recommended

Standardized Tools

- Roundingtoolwithplan of improvement (POI)
- Email template
- Scorecard

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Rounding Tool Example

MW MG Sterilization of Instruments Rounding Tool

					Overall Score:			97%		
Date:	4/1/2026		POINT SCALE		DEFINITION					
Site Name:	Example		Critical Items	4	Potential for a safety event to a patient or teammate					
Address:	Example		Semi-Critical	2	MWR policy or regulatory requirement					
Site Leader:	Supervisor, Manager		Non-Critical	1	Infection prevention best practice					
Infection Prevention Team:	Infection Preventionist		Yes		Rounding element is compliant					
Rounding Team (list names of those present):	MA, Supervisor, Infection Prevenionist		No		Rounding element is non-compliant					
			N/A		Teammate unable to verify rounding element					
		General Environment	Compliance	POINTS	45	Out of:	51	88%	COMMENTS:	
1	Critical Items	Separate clean/soiled areas according to regulatory guidelines *(AAMI ST79 2017, 3.2.2)*	Yes	4						
2	Semi-Critical	Doors and pass through windows (if present) to decontamination/clean areas are closed *(AAMI ST79 2017, 3.3.6.1.1)*	No	0	Door propped open.					
3	Semi-Critical	If no doors are present at decontamination/clean area short of construction, risk assessment completed and filed onsite (in autoclave log binder). *(AAMI ST79 2017, 3.3.6.1.1)*	Yes	2						
4	Critical Items	Workflow is unidirectional *(AAMI ST79 2017, 3.2.2)*	Yes	4						
5	Semi-Critical	Adequate lighting available *(AAMI ST79 2017, 3.3.5.6)*	Yes	2						
6	Semi-Critical	Designated hand washing sink in decontamination and clean areas *(AAMI ST79 2017 3.3.5.7 and FGI Guidelines 2.1-7.2.2.8)*	Yes	2						
7	Critical Items	No expired products	No	0	Pouches in original box expired.					
8	Semi-Critical	Site is generally organized and free of clutter and dust. Surfaces are easily cleaned and disinfected with MWR approved disinfectant.	Yes	2						
9	Semi-Critical	Vent covers are free of dust	Yes	2						
10	Non-Critical	Floors are clean and in good condition. No missing tiles, no gouges, or other damage	Yes	1						
11	Non-Critical	Posted signs are cleanable or wipeable	Yes	1						
12	Non-Critical	Walls/ceiling tiles/cabinets/counters free of stains, holes, gouges, chips, and damage. Free of adhesives	Yes	1						
13	Non-Critical	No storage of supplies under sinks *(FGI guidelines section 2.1-7.2.2.8.)*	Yes	1						
14	Semi-Critical	Items not stored in external cardboard boxes, e.g., shipping boxes *(ANSI/AMMI ST79 2017, 5.2.1)*	Yes	2						
15	Semi-Critical	Teammates able to verbalize location of manufacturer IFUs/manuals for cleaning supplies, instruments, and sterilizer are accessible by physical or electronical means	Yes	2						

Plan of Improvement (POI) Example

MW MG Sterilization of Instruments Rounding
Plan of Improvement (POI) Action Plan

Date:	4/1/2026
Site Name:	Example
Department Location	Example
Site Leader:	Supervisor, Manager
Infection Preventionist:	Infection Preventionist
Rounding Team:	MA, Supervisor, Infection Prevenionist

Critical Items - RED				Overall Score:	97%			
	What is expected for best practice for patient care.	Describe the observation made that needs improvement to meet best practice for patient care.	How the correction will be accomplished and monitored.	Who will implement the plan and monitor for future compliance.	Critical items corrected within 7 days. Semi-critical items corrected within 15 days. Non-critical items corrected within 30 days.	This section to be filled by site leader.	Yes	No
	(Infection Prevention Completes)	*(Infection Prevention Completes)*	*(Department Leader/Designee Completes with IP recommendations)*	*(Department Leader/Designee Completes)*	*(Department Leader/Designee Completes)*	*(Department Leader/Designee Completes)*	*(Department Leader/Designee Completes)*	
Number:	Standard (What)	Observation	Recommendations (How)	Who	Implementation Date (When)	Actions:	Corrective Action Completed	
2	Doors and pass through windows (if present) to decontamination/clean areas are closed (AAMI ST79 2017, 3.3.6.1.1)	Door propped open.	Remind team during daily safety huddle that door needs to remain closed in clean and soiled rooms.	Supervisor, Manager				
7	No expired products	Pouches in original box expired.	Discarded expired pouches. Implement monthly supply expiration checklist in clean and soiled rooms.	Supervisor, Manager				

Information automatically flows over from rounding tool

Email Example

Hi <Insert Leader's Name>,

Attached is <insert date>. autoclave sterilization rounding tool.

The overall compliance for the site was <insert>%, previous score was <insert>%.

Actions:

☐Score 90% or greater (Goal)

- Annual autoclave sterilization rounding will occur in approximately XX months.

☐Score less than 90%

- Monthly Infection Prevention rounds will occur until site's score reaches 90% or greater
  - **Please provide options for dates/times for next month's rounds.**

☐Plan of Improvement (Required for all findings)

- Complete the leader section in the attached Plan of Improvement (POI) form. Return completed POI within 7 business days on or before Click or tap to enter a date..
- Corrective action must be completed within 7 days for critical items, 15 days for semi-critical and 30 days for non-critical findings.

Thank you for your partnership,

Scorecard Examples

2016 Scorecard

North Region			
Site	Baseline	Target	Current
	73%	90%	73%
	69%	90%	69%
	62%	90%	62%
	50%	90%	50%
	83%	90%	83%
	87%	90%	87%
	87%	90%	87%
	89%	90%	89%
South Region			
Site	Baseline	Target	Current
	94%	90%	94%
Central Region			
Site	Baseline	Target	Current
	67%	90%	67%

2026 Scorecard

					Initial Rounds					
Site	Department	Address	Tier Level	2025 Final Rounding Result	Rounding Month	Rounding Date	Rounding Results	Date Report Emailed to Leadership	POI Required	POI Return Date
			2	97%	January	1/16/2026	99%	1/19/2026	Yes	1/19/2026
			2	97%	January	1/16/2026	99%	1/19/2026	Yes	1/19/2026
			2	92%	Februrary	2/5/2026	96%	2/9/2026	Yes	2/18/2026
			2	95%	January	1/19/2026	94%	1/22/2026	Yes	1/28/2026
			2	100%	March	3/12/2026	98%	3/17/2026	Yes	3/24/2026

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ANSI/AAMI ST79:2017. (2022). *Comprehensive guide to steam sterilization and sterility assurance in health care facilities.* Association for the Advancement of Medical Instrumentation.

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Centers for Disease Control and Prevention. (2024, June). *Guideline for disinfection and sterilization in healthcare facilities, 2008.* https://www.cdc.gov/infection-control/media/pdfs/Guideline-Disinfection-H.pdf

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#APIC26

Questions?

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AAMI ANSI ST58: 2024

UPDATES FOR ENHANCED COMPLIANCE

Presenters:

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The

ANSI/AAMI ST58: 2024

UPDATES FOR ENHANCED COMPLIANCE

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Objectives

01 Identify changes made to ANSI/AAMI ST58: 2024 from the 2018 revision.

02 Discuss considerations in selection of liquid chemical sterilization, high level disinfection, and gaseous chemical sterilization systems.

03 Discuss recommendations for effective use of vaporized hydrogen peroxide sterilizers.

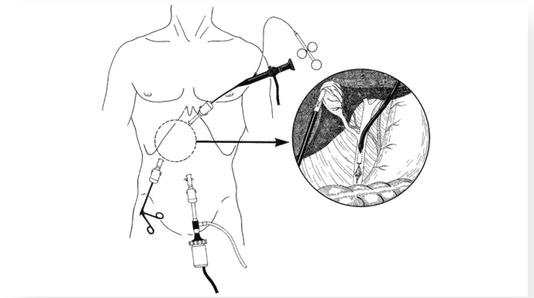
Changes from ANSI/AAMI ST58: 2013/(R)2018

- Document sections reorganized
- Annexes were added and rearranged
- Added EO to the document
- Updates and language to align with AAMI ST108, ST91 and ST79

Spaulding Classification

AAMI ST58 only includes critical and semi-critical devices.

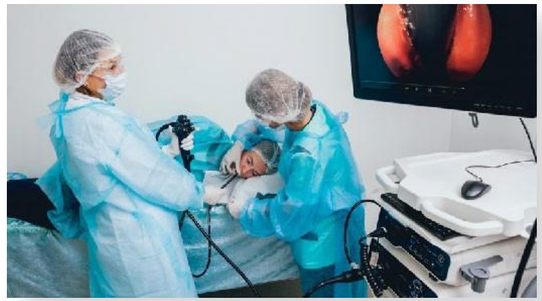
9.2.2 Risk Analysis: The Spaulding classification of a device will determine the level of disinfection required.



Critical

- Instrumentation **enters sterile tissue or body cavities**

Example: Choledochoscope



Semi-critical

- Instrumentation **comes into contact with mucous membranes**

Example: Endoscopes

SCOPE

MAJOR ADDITIONS IN 2024

Ethylene Oxide (EO) Sterilization

- EO sterilization moved from ST41
- Updated EO guidance in ST58
- No language for separate aeration chamber, only single chamber sterilizer/aerator
- Updated ventilation and new EPA regulations

Chemical Sterilant

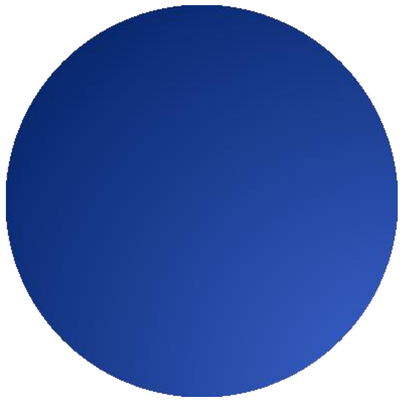
- Added a 3rd category
  1. Liquid chemical sterilants/high level disinfectants
  2. Gaseous chemical sterilants
  3. Foam or gel-there is only 1 foam HLD product on the market, refer to IFUs

Section 1

- EO sterilization
- Processing semi-critical and critical items
- Low temperature sterilization methods
- Factors affecting chemical liquid/gaseous sterilization, HLD & EO

Section 2

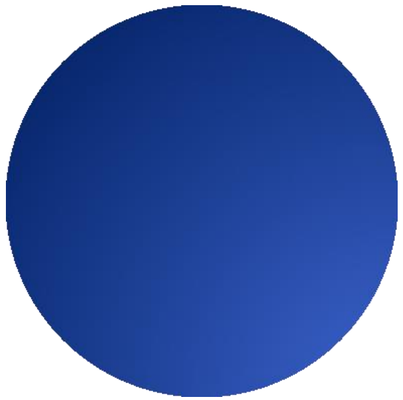
ST58: 2024 37 DEFINITIONS ADDED



- Calibration
- Challenge test pack
- Cleaning
- Contaminated
- **Critical Water**
- Culture
- Culture medium
- **Cycle time**
- **Cycle, sterilization**
- **Decontamination room**
- Dedicated exhaust line
- Diffusion restrictor
- Disinfectant
- Door capture zone
- Enhanced visualization
- Excursion limit
- Exhaust duct
- Expiration date
- Expiration statement
- Gram's method of staining

Section 2

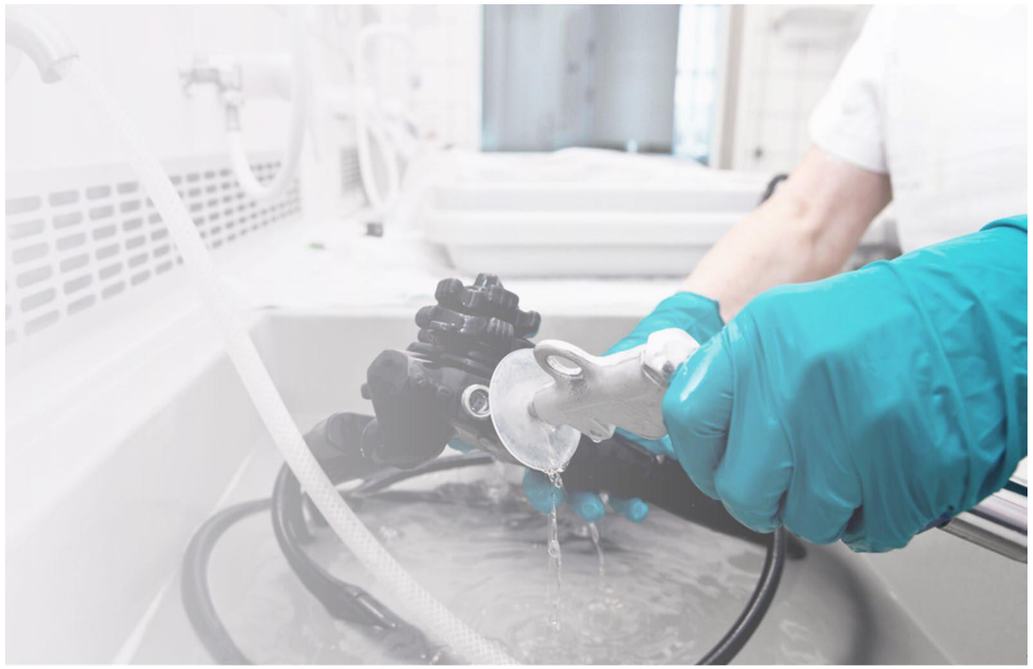
ST58: 2024 37 DEFINITIONS ADDED



- Gram – negative bacteria
- Gross soil
- Huck Towel
- Lot/load control number
- Muslin
- Operational qualification
- **Performance qualification**
- Qualification
- Quality assurance test
- Sterile processing department/area
- Sterilizer
- Gram – positive bacteria
- Health care – associated infections (HAIs)
- **Instrument air**
- Mechanical cleaning
- NFPA – National Fire protection Agency
- Point of use treatment
- Pyrogen
- Qualification test
- Restricted area
- Sterile storage area

Section 3

WORK AREA DESIGN CONSIDERATIONS



1. Geneal Considerations

2. Processing Area

- Adequate space for cleaning
- Separate space for processing
- One-way directional workflow
- Solid wall barriers
- Floors, walls and ceiling surfaces

1. Environmental Cleaning

- Routine scheduled cleaning

3.3 Traffic Control

- Segregated space with controlled access
- Traffic enforcement

Section 3

WORK AREA DESIGN CONSIDERATIONS

3.4 Utilities Work Area Design Considerations

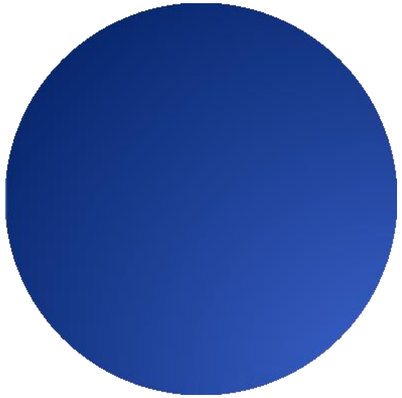
- Multidisciplinary team
- Water quality
- Heating ventilation and air conditioning (HVAC) operating parameters
- Lighting in accordance with IES (provide recommended illuminance levels for work environments)
- Emergency eyewash/showers
- Spill kits
- Ventilation

3.4.6 Hand washing sinks designated and separate from those used for processing medical devices.

Automated Processing Equipment for Liquid Chemical Sterilant/High-Level Disinfectants

3.5 Selection of Equipment

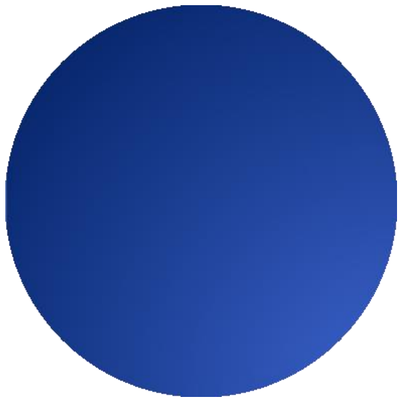
- Considerations for equipment installation
- Load capacity
- Changing and disposal of chemicals
- Plumbing
- Proper ventilation
- Appropriate storage of supplies and chemicals
- Safety Features
- Water quality requirements
- Digital recording documentation
- Equipment location



Work Area Design Considerations

3.6 Gaseous Chemical Sterilizer Equipment

- Regulatory requirements
- Ventilation requirements
- Accessibility for use and servicing
- Device validations
- Load capacity



Section 4

PERSONNEL CONSIDERATIONS

4.2 Qualifications

- Certifications
- Competency
  - Orientation

4.3 Training & Continuing Education

- Continuing education
- Verified annual competence

4.4 Personal Protective Equipment

- Full body protection
  - Mask shield/eye protection
  - Gown
  - Shoe covers
  - Space for storage

Section 5

DECONTAMINATION AND PREPARATION

OF MEDICAL DEVICES

- 5.4
  - Sections rearranged to reflect current standards
  - Greatly expanded cleaning and decontamination
  - Communication: from point of use to decontamination area
- 5.4.6
  - Manual/ultrasonic cleaning – change solution after every use – “use” should be defined by healthcare facilities policy
  - Added use of non-linting and instrument air for drying
  - Types of brushes that should be used - removed the use stainless
    - steel brushes

Section 5

DECONTAMINATION AND PREPARATION

OF MEDICAL DEVICES

5.4.5.2.2 Rigid Sterilization Container Systems

- Container shall be compatible with the proposed sterilization system
  - Low Temperature Vaporized Hydrogen Peroxide, EO, etc.
- Only use cleaning agents intended for cleaning rigid sterilization containers
- Not contraindicated in the device manufacturer’s validated IFU should be used

5.4.6

- Quality of water for cleaning and rinsing aligned with AAMI ST108
- Cleaning specification for rigid sterilization container systems
  - Filters, Interior Baskets

Section 5

DECONTAMINATION AND PREPARATION

OF MEDICAL DEVICES

5.4.5.2.2.1

- Some cleaning agents can cause corrosion or deterioration of container surfaces, such as discoloration or stress cracking
- Detergents that do not have a neutral pH might corrode more sensitive metals, and specific additives can adversely affect some plastics and gasket materials.
- Thorough rinsing is essential for removal of detergent and other residues.
- Damaged components of container systems could interfere with the sterilization process.

Section 5

DECONTAMINATION AND PREPARATION

OF MEDICAL DEVICES

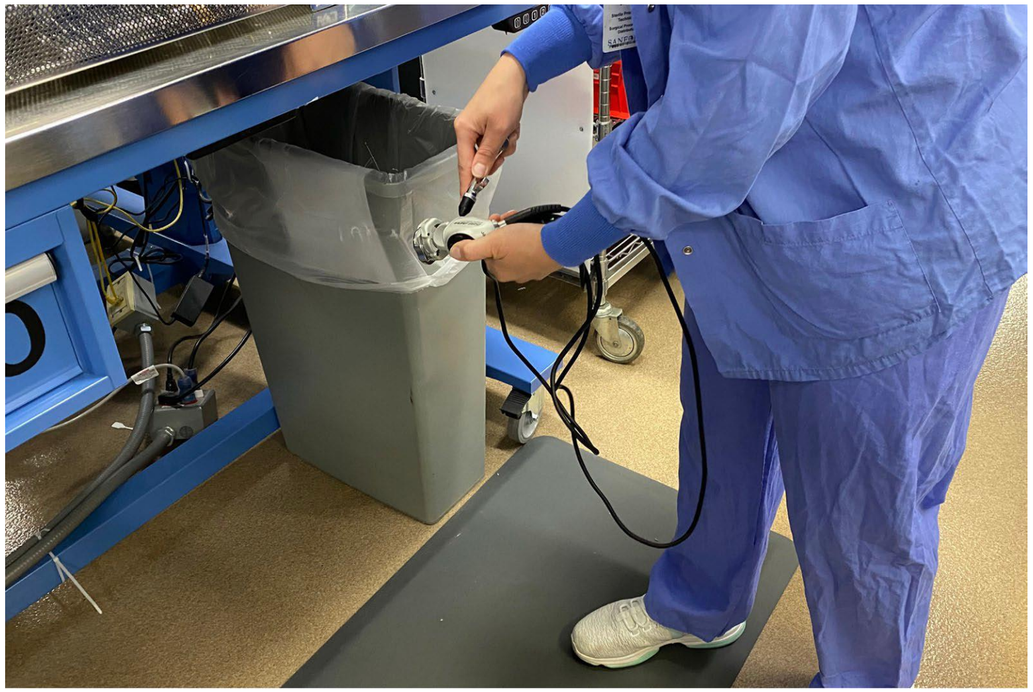
5.4.6.3.2 Manual Cleaning

- Follow the detergent manufacturer's written IFU
  - Water hardness and pH
  - Temperature
  - Type(s) of soil the detergent is suitable for removing
- Thoroughly perform final rinse using critical water
- Dry devices using a non-linting cloth or instrument air
- Thorough rinsing removes residual cleaning agent
- Residual cleaning agent might affect the efficacy of the LCS/HLD or the gaseous chemical sterilant
- Proper drying of devices prior to gaseous sterilization prevents cycle abortion and potential exposure to sterilant post-cycle

Section 5

DECONTAMINATION AND PREPARATION

OF MEDICAL DEVICES



5.4.7

- Borescope examination added
- Periodic cleaning verification of manually cleaned items
- Daily testing of mechanical equipment

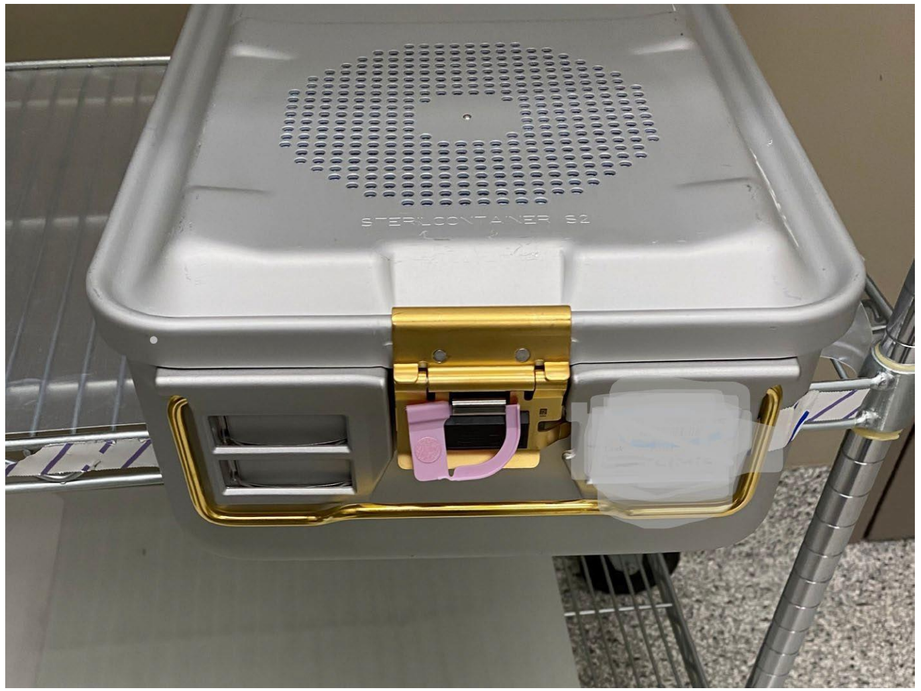
5.4.8 Excess Moisture

- For most gaseous sterilization processes, it is also necessary to remove excess moisture from items being processed.

Section 5

DECONTAMINATION AND PREPARATION

OF MEDICAL DEVICES



5.4.8 Excess Moisture Gaseous Chemical Sterilants

- Excess moisture can cause cycle cancellation.
- Evaporation of excessive moisture during the air removal stage may cause localized cold spots in the load which may result in condensation of the gaseous sterilant resulting in cancelled cycles and failed monitoring products.
- Residual water droplets have the potential to cause residual chemicals to be present in a liquid form at the conclusion of the sterilization cycle, which may cause exposure to the chemical.

Section 5

DECONTAMINATION AND PREPARATION

OF MEDICAL DEVICES

5.4.8 Excess Moisture

- LCSs/HLDs can be diluted by water remaining on surfaces and lumens of items
- Concentration of HLD active ingredient can be reduced to a level too low to be effective.
- If there is significant dilution of LCS/HLD determined by MEC monitoring, the solution should be discarded even if it has not reached the manufacturer’s reuse time

Section 7

PACKAGING, PREPARATION,
& STERILIZATION

1. Selection of Sterile Barrier Systems

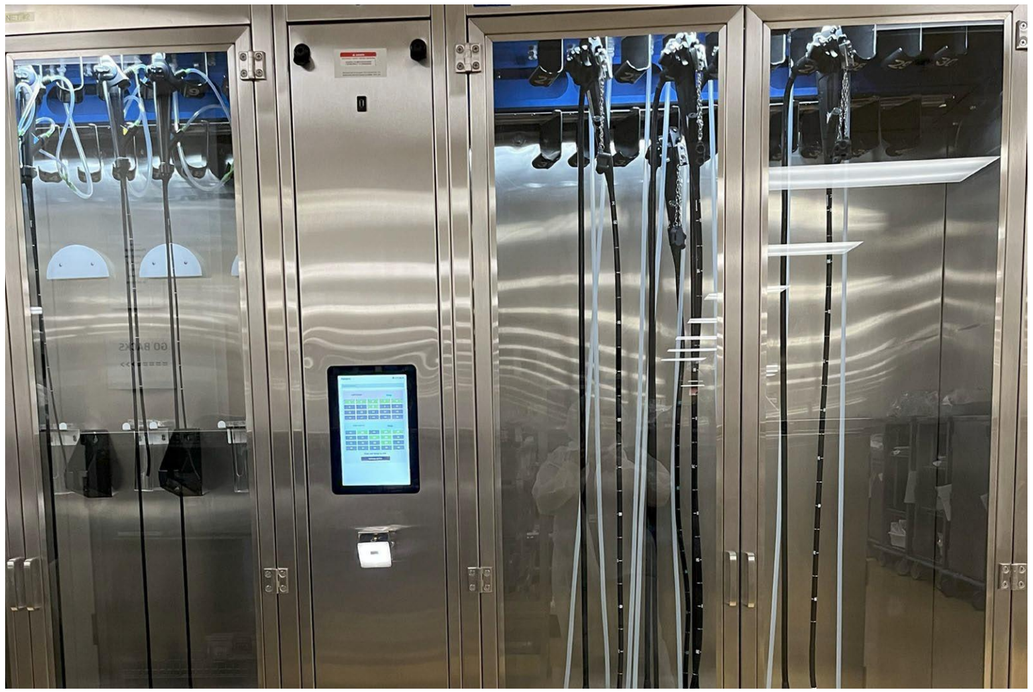
- Must be FDA cleared for sterilization method selected.
- The selected cycles must be listed on indication for use of the barrier system.

7.5.3 Post-process handling of wrapped sets

- Avoid dragging, sliding, or crushing processed items to avoid puncturing wraps, and to prolong package integrity.

Section 6

SAFE AND EFFECTIVE USE OF LIQUID CHEMICAL STERILANT/HIGH-LEVEL DISINFECTANTS AND EQUIPMENT



- Use of syringes or hand held compressed air gun for drying channels is **not recommended**

Section 6

6.5.1

- Water references updated to meet AAMI ST108
  - Potable water=utility water
  - Fresh water for each rinse
  - Critical water for final rinse

6.5.2

- Storage of chemicals
  - Container labeled: Description of contents and Expiration Date
  - Solution should be tested each time used

Manual vs. Automated HLD/LCS Practices

Manual not recommended

- Variability and inconsistency

Automated

- Programmed cycles:
  - Solution dosage, exposure time and rinses
- Consistency and efficiency

Section 7

SAFE AND EFFECTIVE USE OF GASEOUS CHEMICAL STERILIZERS

1. General Considerations

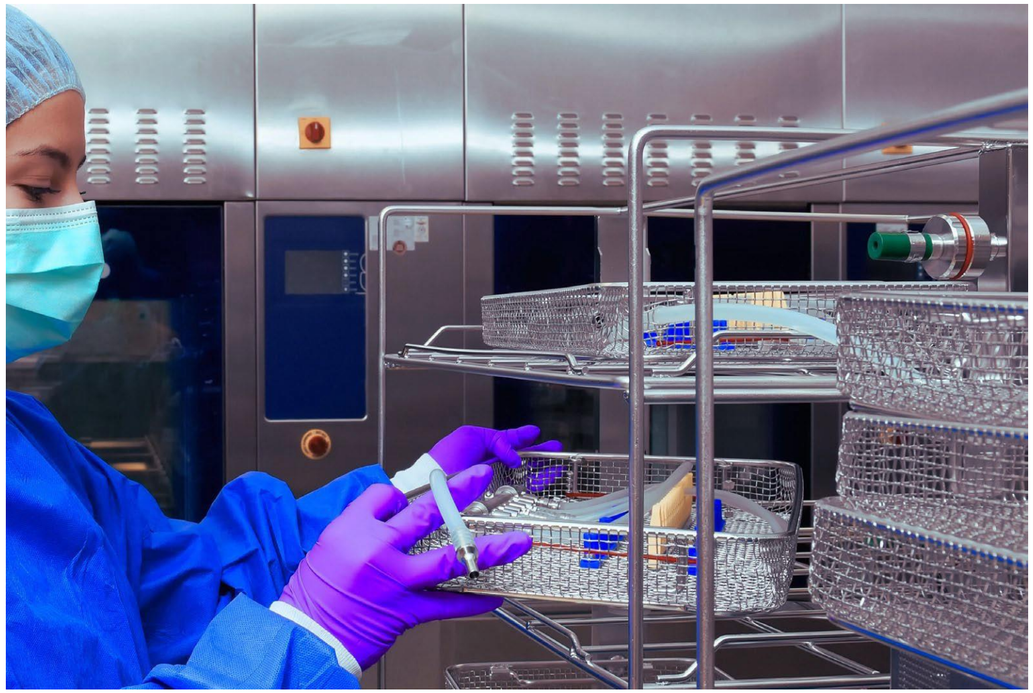
- Personnel
- OSHA
- Emergency Procedures

7.2 Gaseous Chemical Sterilization Types

- Low temp vaporized hydrogen peroxide
- Ethylene oxide **(New)**
- Chemical vapor sterilant using alcohol and formadehyde
- Hydrogen peroxide-ozone
- (ANNEX B Table B1 has complete list)

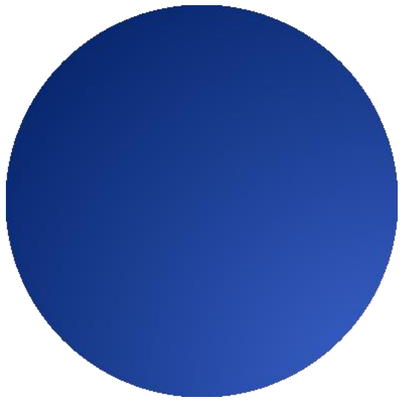
Sterilization is Preferred over HLD

- Some pathogens are resistant to high-level disinfection
- Medical devices and instructions for use are more complex
- The introduction of new low temperature modalities are same amount of time as HLD or less **(Foreword)**



Section 7

SAFE AND EFFECTIVE USE OF GASEOUS CHEMICAL STERILIZERS



7.3 Manufacturer’s IFU

- Cleaning and maintenance
- Loading and unloading
- Load temperature
- Spill containment and clean up
- Methods to monitor efficiency of process

7.4 Sterilizer Maintenance

- Calibration
- Filter changes
- Emission control systems
- Record keeping

Section 8

QUALITY CONTROL

8.3 Verification and monitoring of cleaning process

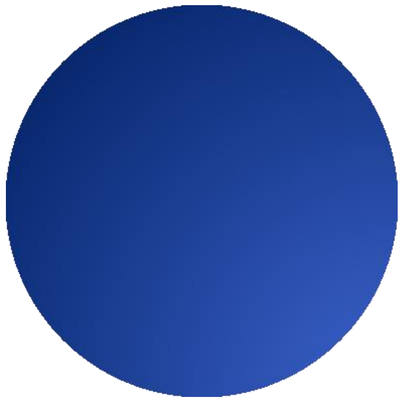
- Visual inspection alone may not suffice
- Many verification methods
- Monitoring cleaning parameters

8.3.6 Cycle Documentation and Record Keeping

- Documentation is critical!
  - Chemical sterilization and HLD
    - Processor info
    - Load content
    - Serial number
    - Date and time
    - MEC/Solution temp

Section 8

QUALITY CONTROL



8.3.7 Expiration Dating

1. General Considerations

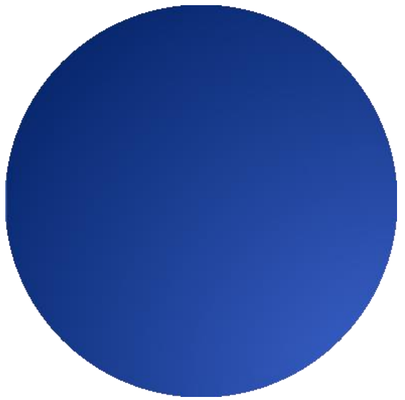
- Sterilization process monitoring devices include
  - Physical monitors
  - Chemical indicators
  - Biological indicators
- Each of these devices plays a distinct and specific role in sterilization process monitoring, and each is indispensable to sterility assurance.

Annex I

I.3 EFFECTIVE USE OF VAPORIZED HYDROGEN PEROXIDE STERILIZERS

Use of Multivariable Chemical Indicators

- Monitors 2 or more parameters
- Can provide additional quality assurance
  - Complex devices
  - Surgical trays
  - Rigid Containers



Section 9

- 9.3 Quality Process Improvement
  - Examples of a CQI program areas include:
    - Training, continuing education, and competency assessments
    - Product identification and traceability (i.e., lot control numbers and
    - load records)
    - Monitoring manual processes that use LCSs/HLDs
    - Monitoring automated processes that use LCSs/HLDs
    - Monitoring gaseous chemical sterilization processes
    - Product testing
    - Product recalls

Section 9

9.4 Implementation of Product & Process Improvements

- Should be customized to your facility.
- All members of the team should be included.
- Collection of data is vital to the success of the program.
- Can consist of all variables such as:
  - Items processed
  - Physical parameters failures,
  - Chemical failures
  - PM failures
  - Locating products for recalls
  - Completeness of test records

Updated Safety Recommendations for Chemical Sterilization and HLD

- EO Sterilization: Annex S
- Vaporized Hydrogen Peroxide: Annex I
- Workplace safety controls

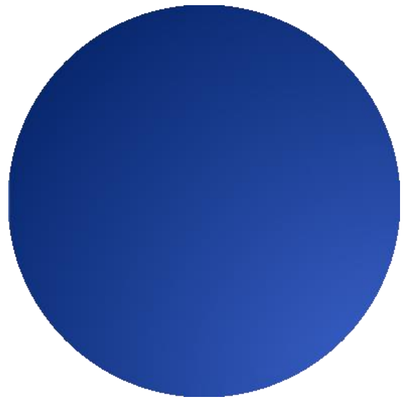
Annex I

I.3 EFFECTIVE USE OF VAPORIZED HYDROGEN PEROXIDE STERILIZERS

- The medical device and/or sterilizer manufacturer IFU should be consulted to determine compatibility of device
- Load weights and correct loading of chamber - No stacking
- Stop or reduce the use of nonessential materials that can absorb hydrogen peroxide.
  - Foam tray liners, rubber corner protectors, transport trays, heavy wrap
- Reduce the risk of VH2O2 sterilization process failures
  - Follow tray and rigid container cleaning IFU for correct detergent and critical water for final rinse

I.7 Vapor Monitoring- Vaporized Hydrogen Peroxide

- Vapor monitoring is recommended if there is potential for the hydrogen peroxide vapor concentration to exceed OSHA recommended permissible exposure limits (PEL)



Annex P

GAS AND VAPOR MONITORING

- Summary of technologies used for detection of gas and vapors of HLD and sterilization chemicals.
  - Monitoring Methods
  - Frequency
  - Procedure
  - Record Keeping
  - Selection of Equipment

Reference Articles

Sterilization

- Rutala, W. A, et al. (2020). Comparative evaluation of the microbicidal activity of low-temperature sterilization technologies to steam sterilization. Infection Control & Hospital Epidemiology, 41(4), 391-395. DOI: 10.1017/ice.2020.2

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- Ofstead, C., et al. (2024). Fluid retention in endoscopes: A real-world study on drying effectiveness. American Journal of Infection Control. 6(52).635-643. https://doi.org/10.1016/j.ajic.2024.02.015

Vapor Monitoring

- Cornelia, R. & Warburton, R. P.(2017). Assessing hydrogen peroxide vapor exposure from hospital sterilizers. Journal of Occupational and Environmental Hygiene. 14(9). 150-157. DOI: 10.1080/15459624.2017.1335401

Boroscope Inspection

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2. Cintron, H. & Patel, A. (2025, April 2). AAMI Expert Insights. Key Updates AAMI ST58: 2024 - Guidance for chemical sterilization and high-level disinfection in health care facilities [Power Point slides]. https://www.aami.org/training/training-suites/sterilization/key-updates-aami-st582024-guidance-for-chemical-sterilization

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Centralizing Ambulatory Instrument Cleaning & Sterilization

Libby MacDonald, MPH, CIC

Michele Anderson, CRCST, CER

June 16th, 2026

Relevant Financial Disclosures

No Disclosures

None of the faculty or planners for this activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

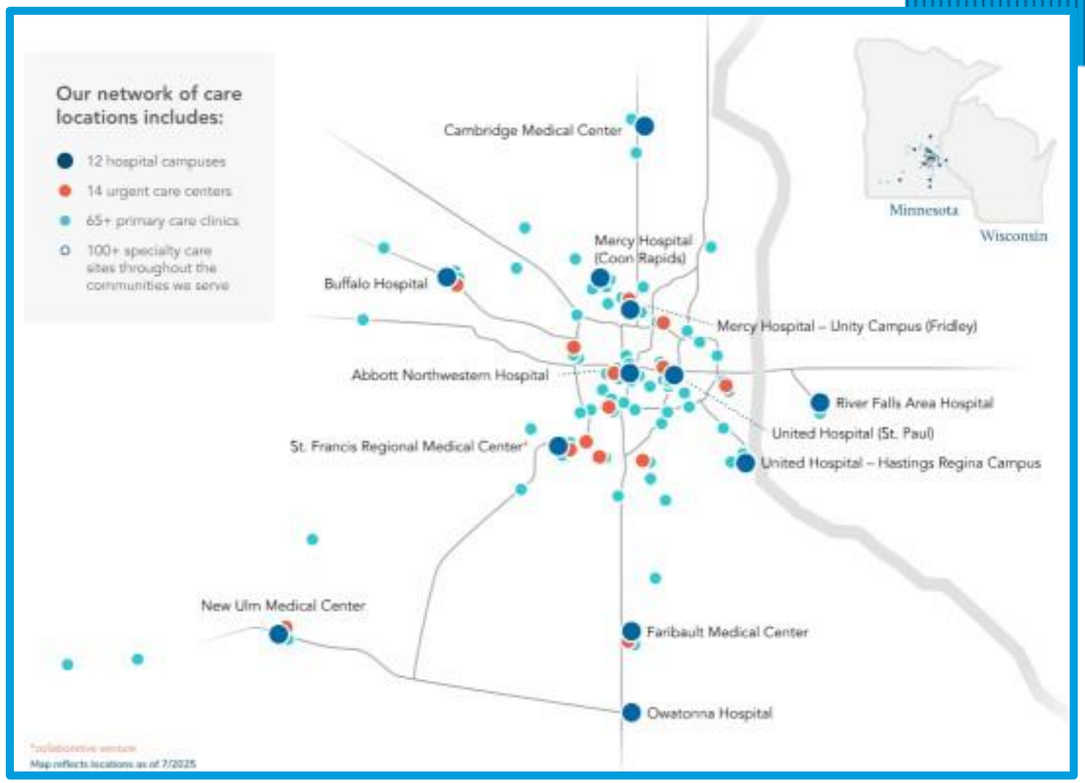
Objectives

- Describe challenges of decentralized instrument cleaning & sterilization in ambulatory care.
- Identify key stakeholders needed to transition to a centralized model.
- Evaluate outcomes of centralization, including efficiency, cost, & safety improvements.

About Our Organization

Allina Health

- **System size:** 12 hospitals, 100+ clinics, home health, hospice, & EMS across Minnesota & Western Wisconsin
- **SPD infrastructure:** 12 hospital-based sterile processing departments (SPD)
- **IP team:** 20 infection preventionists




STERIS


STERIS


WATER LINE


GETINGE

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THE PROBLEM(S)

Ambulatory Reprocessing ≠ Hospital Reality

Space, Staffing, & Equipment Constraints

Lack of Standard Practice

Patient Safety Risks

Why This Matters for Infection Prevention

The Ambulatory Reality

- Small spaces, competing priorities
- Clinical staff juggling patient care & reprocessing
- High variability across sites
- Limited visibility for IPs into daily practice

Variation = RISK

Risks of Decentralized Reprocessing

Space Constraints

- Limited ability to maintain dirty-to-clean work-flow
- Lack of compliance with FGI requirements
- Competing storage needs

Staffing Constraints

- Variation in staffing
  - Dedicated resources vs “other duties as assigned”
  - Lack of dedicated time to do work
- Knowledge & training
  - Clinical staff (MA, LPN, RN) vs SPD techs
- Time burden
  - Training & competency
  - Reprocessing

Equipment Issues

- Tabletop sterilizers → limited capacity + frequent failures + leaks
- No redundancy – unit goes down no way to reprocess instruments, delays in care
- Aging fleet – hub equipment at end of life

Lack of Standard Practices

- Lack of quality control → no standardized biological or chemical indicator protocols
- Missed or undocumented weekly & monthly maintenance
- Lack of load documentation

Steam Sterilization and Attest Log

Date and Load # Label	Cycle Time	Cycle Temp	Load Contents: Packs, Pouches, Unwrapped (loose)	Chemical Indicator Tape in place	BI Type & Lot		Results** Test Vial (+) or (-)	Control (+) or (-)
							+ – Initials	+ – Initials
							+ – Initials	+ – Initials
							+ – Initials	+ – Initials

Bowie Dick Test PASS FAIL Initial

Patient Safety Risks

- Inadequate cleaning → rushed or incomplete pre-cleaning leaves bioburden
- Packaging errors → improper wrapping or pouch sealing
- Single-use reprocessing → material degradation & compliance risk
- Sterility gaps → patient BBF exposures

Why Centralization Reduces Risk

- Removes reprocessing from interruption-prone environments
- Places work in hands of trained SPD professionals
- Standardizes equipment, workflows, monitoring
- Improves traceability and accountability

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SOLUTION TIME

Operations Build

Supply + Transport

Standardization + Tracking

Training + Change Management

The Idea Was Simple

- Eliminate clinic reprocessing
- Move cleaning & sterilization to hospital SPD
- Implement point-of-use pre-treatment
- Build transport system to/from clinics

Location, Location, Location

- Option 1: Expand current hub
  - Requires construction & shut down
    - Option 2: Relocate to a new space
  - Cost prohibitive – HVAC needs
- Option 3: Utilize existing infrastructure
  - Hospital SPD for the win!

Right Work, Right Team

Centralization required full system alignment

- IP → compliance & risk (“why”)
- SPD → technical execution (“how”)
- Supply Chain → sourcing & redistribution
- Logistics & Distribution → transport system
- Learning & Development → education & training

Capacity Planning Was Critical

- No electronic tracking → manual counts
- Modeled washer + sterilizer capacity
- Determined SPD staffing model
- Workflows → clinic vs hospital instruments

Space ≠ Just Equipment

Plan for flow – not just processing

- Space for incoming/outgoing totes
- **Issue**: totes in hallways
  - Safety & compliance risk
- **Solution**: dedicated staging area
  - Separate dirty vs clean pathways

Supply Chain Was Completely Rewired

Keep, Add, Remove

- Introduced transport gel + bins
- Eliminated sterilization supplies
- Large-scale redistribution
- Avoid backorder – phase roll-out & coordinate with vendors

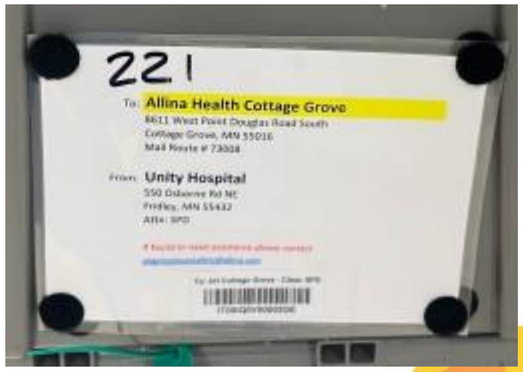
Order Responsibility	Par?	Description	Size
ICA to Order	Yes	CLEANER 22 OZ BOTTLES (Gel)	Ea
	Yes	Brush Cleaning 7in Nylon Toothbrush	Pk
	Yes	Washcloth Disp 12.5x12 L30 Wypall	Pk
	Yes	GLOVE EXAM NITRILE LAVENDER	Small
			Medium
			Large
	Yes	Visor Full Length Guardall No Mask	BX (40/bx)
	Yes	Impervious gown	Pk/BX (15/bx)
	Yes	Orange Biohazard Break Away Seals - Orange/Black	100/pack
Site Lead to Request from BSQ CSR	No	Repair Tags	N/A
Site Lead to Order from SmartWorks	No	Transport Sheets	N/A
Red Biohazard Bins 			
Supply Chain ICA to order - site to chose quatity & sizes needed	No	Red Biohazard Bins Small	Small-10.75L x 7
		Red Biohazard Bins Large	Large -21"L x 13"W x 6"H
Grey Transport Totes 			
Supply Chain ICA to order - site to chose quatinity & sizes needed	No	Grey Transport Totes - Regular (for SMALL red bins)	20 1/2" x 13 1/4" x 11 1/2
		Grey Transport Tote - Extra Large (for LARGE red bins)	25.2 x 15.5 x 11

Keep_Need Remove +

Transport System = Safety System

Moving instruments safely required redesign

- Dirty vs clean separation
- Biohazard compliance considerations
- Leak prevention + labeling are critical
- Standardized tote + bin system



Tracking Improves Accountability

Centralization increased traceability

- Triplicate paper tracking = clinic accountability
- SPD electronic tracking = compliance
- Improved recall readiness & traceability
- Improved visibility by site + department

Sterilization Tracking Sheet

Clinic Name Lakeville Specialty Date/Time

Department Name Women's Health

Sent by Serial # on seal

12 # of Pouches 2 # of Trays

𝍸 𝍸 ||	|| IUD Tray Basic Suture Tray

*Tally number of pouched instruments in box above as you add them to bin *Tally number of trays in box above as you add them to bin

Comments:

Sterilization Hub Location Date/Time

Sent by Serial # on seal

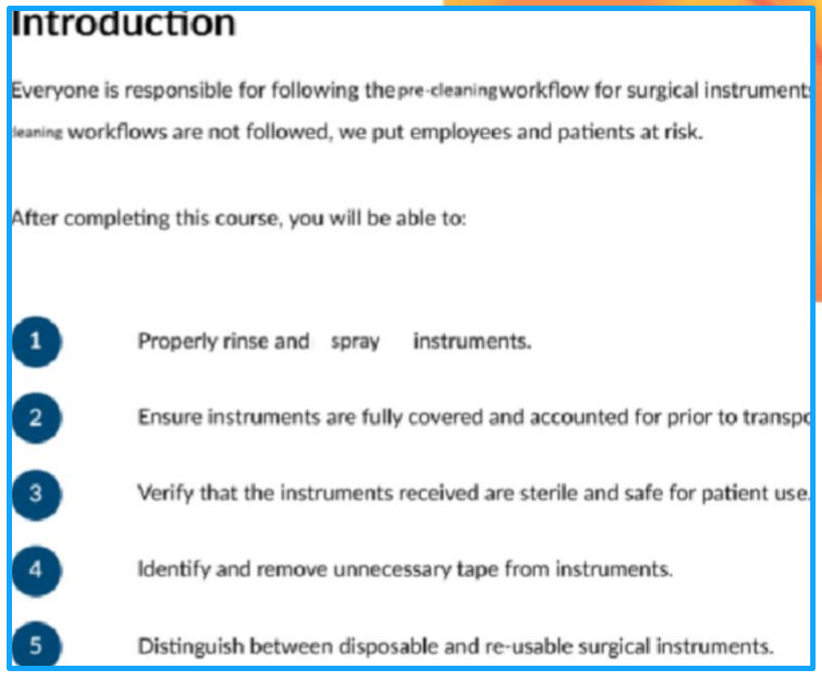
_____ # of Pouches _____ # of Trays

Comments:

Training Was the Foundation

Success depended on staff support

- Roll-out slide deck 4-6 weeks prior
- Mandatory eLearn for all staff
- Standard work posted at point of use
- Competency & ongoing audits



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ADDITIONAL LESSONS LEARNED

Instrument Tape & Ownership

Specialized Instruments

Trays / Instrument Sets

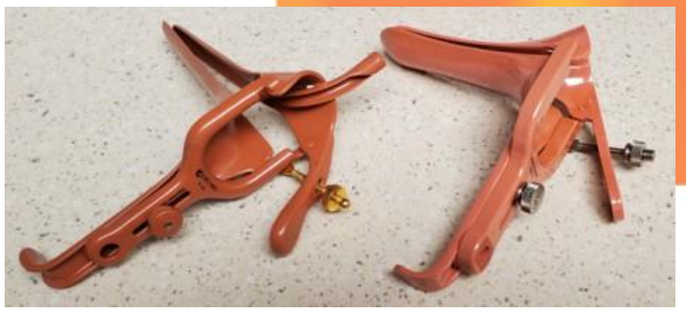
Instrument Tape & Department Ownership

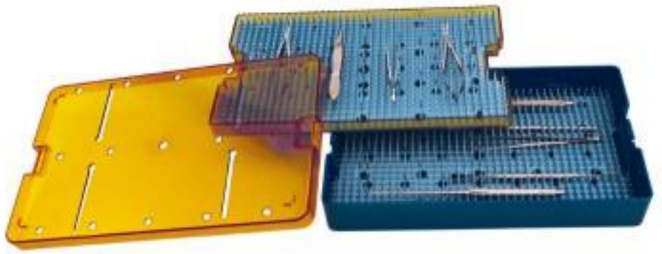
- **Issue**:
  - Clinics used tape to identify ownership
  - Tape can chip, peel, flake – patient safety & regulatory risk
- **Solution**:
  - Separate red bin/grey tote for each department
  - Remove surgical tape

Insulated & Delicate Instruments

Cautery forceps, coated speculums, eye instruments

- **Issue:**
  - Easily damaged in transit
- **Solution:**
  - Transport in separate bin
  - Utilize special containers or rubber mats



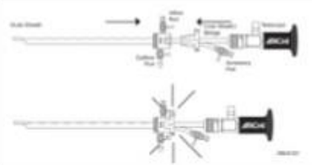


Lumened Instruments

Suction tips & scopes

- **Issue**:
  - Transport gel cannot reach all parts
- **Solution**:
  - Moved to disposable where able
  - Created standard work for clinic pre-cleaning

Olympus Rigid Cystoscopes Cleaning and Sterilization *Standard Work Activity Sheet*	***Author:*** *Michele Anderson & Libby MacDonald* ***Rev Date:*** *2/2025*
Purpose: *To ensure proper cleaning and sterilization of the Olympus Rigid Cystoscopes.*	***Outcome:***

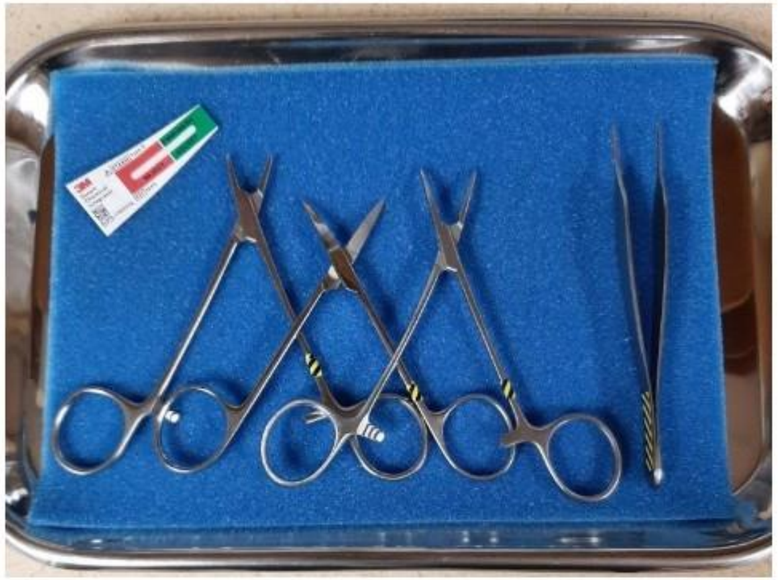
Seq. No	Task Description:	Key Point / Image / Measure	Who	Competency
1	Disconnect & disassemble scope(s): - Remove light source cord - Disconnect camera - Remove sheath from scope - Move all stopcocks into open position - Remove bridge		Point of use staff	
2	Wipe scope & components immediately with Intercept wipe. **NOTE**: Follow light guide and camera standard works for those accessories.		Point of use staff	
3	Place scope, sheath, and other accessories in covered, rigid container marked with biohazard label & transport to the soiled utility room.	**NOTE**: Do not place used (dirty) scope or accessories into the sterilization tray for transport– tray has holes & will leak.	Point of use staff	
4	Submerge the scope, sheaths, and other accessories in Allina Health approved enzymatic detergent. Follow manufacturer's instructions to determine required soak time and product dilution. - RevitalOx Enzymatic Detergent = ¼ oz to 1 gallon of warm water for dilution with 5 min soak **Do NOT place scope and accessories in a basin with other stainless steel surgical instruments.**	**Do NOT immerse for more than 60 minutes.** 	Point of use staff (Clinics); SPD (Hospital)	

Trays

- **Decentralized Model**
  - Each site maintained custom trays via “recipe” binders (5–10 trays/site)
- **At Scale**
  - 100+ sites, 10 specialties → unmanageable tray variation
- **Solution**
  - Partnered with specialty leaders to create one standard recipe per tray type

Basic Suture Tray

1 ea Indicator
1 ea Needle Holder
1 ea Iris Scissor curved
1 ea Mosquito curved
1 ea Adson pickup with teeth



Pouch Over Trays

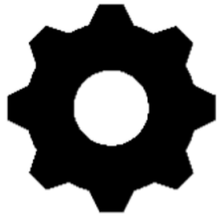
- **Why trays failed at scale**
  - Clinical & SPD speak different language
  - Too many instrument types/sizes
- **Recommendation:** Pouch everything
  - Sites group pouched instruments by procedure & provider preference
  - Use bins or containers to organize sets

18-Month Transition

PLANNING PHASE

March – Oct 2023

- Instrument volumes
- Hub location
- Project plan



SET-UP PHASE

Oct 2023 – Feb 2024

- Prep + standardization
- Training tools
- Communication

GO-LIVE PHASE

Feb – Sept 2024

- Education + supplies
- Process rollout
- 1-3 sites/week

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OUTCOMES

Safety Transformation

Operational + Financial Impact

Scalability & Growth

Safety Transformation

Centralization eliminated high-risk processes

- Eliminated clinic-based reprocessing errors
- Reduced exposure risk to staff
- Improved standardization & regulatory alignment
- Real-time quality visibility
- Stronger partnership between IP & SPD

2025: 168,000 Clinic Instruments

Operational + Financial Impact

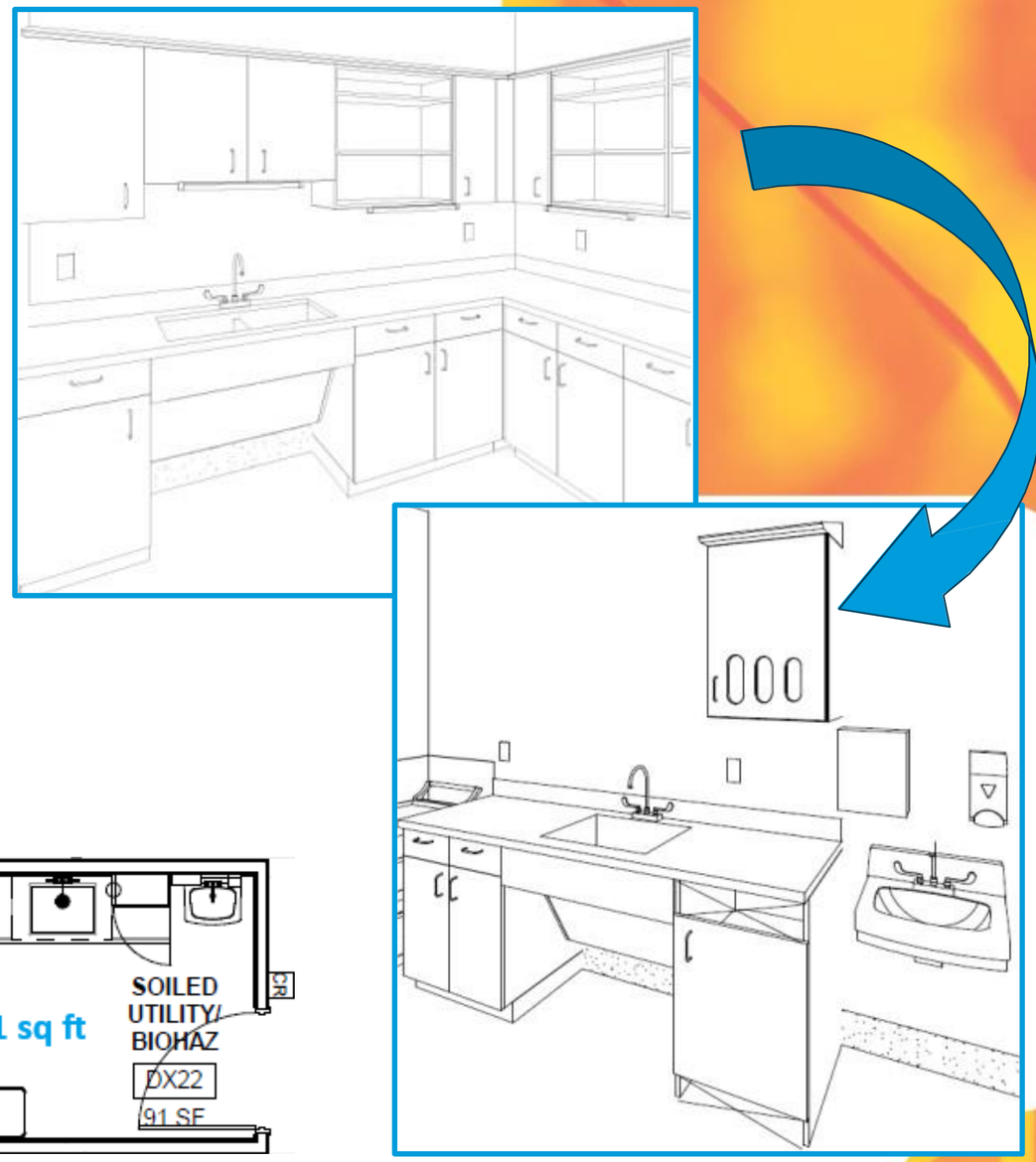
Safety-first approach → measurable value

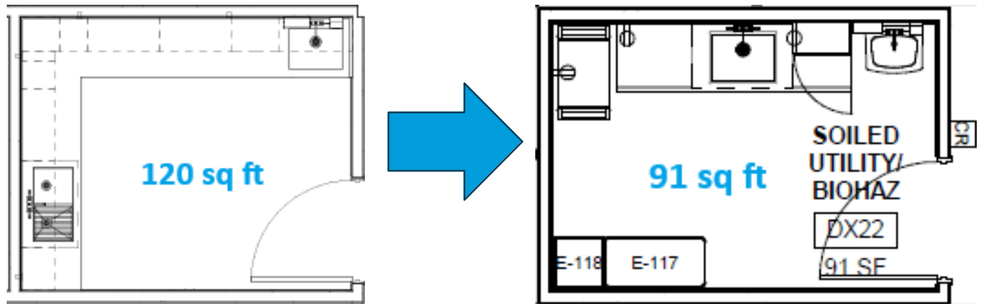
- $100,000+ annual staffing savings
- ~130 hours/year per site returned to clinical care
- Reduced supply waste
- Less space for reprocessing = more revenue generating space

Scalability & Growth

Centralization enabled system growth

- Plug-and-play onboarding for new sites
- Reduced dependency on clinic infrastructure
- Flexible clinic design





Key Takeaways

Centralization = IP strategy

- Variation = risk
- Build relationships – you'll need support!
- Design systems around safety, not convenience
- Phased implementation & education are critical
- Centralization = improved safety & reliability, cost & time savings, enables system growth

Resources

- Association of the Advancement of Medical Instrumentation. *ANSI/AAMI ST79:2017: Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities.* Arlington, VA: Association of the Advancement of Medical Instrumentation; 2017.
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