

Survey of Infection Control Practices at Ambulatory Surgery Centers (ASCs) and Outpatient Hospitals that Perform Gastrointestinal Endoscopic Procedures in the United States

Friday, August 25, 2023

8:00 AM – 6:00 PM ADT

Poster Session A – Medical Devices

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Background: Duodenoscope reprocessing is a complex process that includes duodenoscope precleaning, leak testing, visual inspection, duodenoscope tracking, manual cleaning, rinsing, HLD and alcohol flushing via an automated endoscope reprocessor or sterilization with ethylene oxide gas, duodenoscope surveillance, drying, and storage. Human factors are likely to play a role in infection transmission within the endoscopy unit; however, these have not been assessed broadly in the United States.

Objectives: The objective of this survey study was to assess infection control practices at outpatient hospitals and ambulatory surgery centers (ASCs) performing gastrointestinal endoscopic procedures in the United States and determine concordance with recommendations from the American Society of Gastrointestinal Endoscopy (ASGE).

Methods: We developed a qualitative, online survey addressed to infection control personnel at all United States outpatient hospitals and ASCs that performed at least 11 gastrointestinal endoscopic procedures to Medicare beneficiaries between January 2015 and December 2018. Survey responses during 2019 were evaluated. Responses were compared using Pearson chi-squared test.

Results: Three hundred and three individuals from distinct ASCs and outpatient hospitals across each United States region completed the survey. There were significantly more respondents with infection control officer roles for outpatient hospitals compared to ASCs (78.8% vs. 39.1%, $p < 0.00001$). ERCP was largely conducted at outpatient hospitals with fewer procedures at ASCs (38.1% vs 0.7%). Most ASCs and outpatient hospitals reported use of an automated endoscope reprocessor (AER) (94.5% and 82.1% respectively). The median manufacturer year of the AER was 2014 for ASCs and 2013 for outpatient hospitals. Although most centres use the cleaning cycle function in AERs with additional manual cleaning steps, this is not done at all centers.

Conclusions: Discordance with the most recent recommendations were observed with approximately 1 in 10 ASCs and outpatient hospitals reporting having missed at least one reprocessing step. Ensuring consistently effective endoscope reprocessing and safety is a multidisciplinary effort involving clinical and reprocessing staff, infection prevention personnel, and management.