

The Use of Portable Pulsed Xenon Ultraviolet Light (PPX-UV) after Terminal Cleaning Associated with a Significant Decline in Hospital-Associated *Clostridium difficile* Infection (HA-CDI) in a Community Hospital

Joanne Levin, MD; Linda Riley, MEd, RN, CIC; Christine Parrish, MSN, RN, CIC; Daniel English, MHCIMA; Sehoon Ahn; Cooley Dickinson Hospital, 30 Locust Street, Northampton, Massachusetts

Background:

There is mounting evidence that contamination of patient rooms from previous occupants is associated with HA-CDI. Recent studies have demonstrated the effectiveness of portable UV light on deactivating *C difficile* endospores. We sought to determine if using PPX-UV after routine terminal cleaning would decrease HA-CDI in our hospitalized population.

Methods:

Programs in place at baseline (prior and during implementation of PPX-UV):

- Chlorine-based agents for terminal cleaning *C difficile* rooms
- Contact precautions for the duration of hospital stay for patients with *C difficile*
- HCW use of soap and water for hand hygiene in *C difficile* rooms
- Enhanced education of environmental service (ES) workers
- Implementation of competency evaluations for ES workers
- Efficient communication system for notification of discharges to ES

In 2011 (PPX-UV Intervention year):

- 2 PPX-UV devices added to usual terminal cleaning procedures
- The PPX-UV device contains a flashlamp operating at 1.5 Hz emitting broad spectrum UV light. The flashlamp retracts into a heavy-duty case for wheeled transport by one person
- PPX-UV used for three, 7-minute exposures, (once in bathroom, twice in main room)
- Goal of using PPX-UV in every discharge room, but actual use 56%
- Also used in the operating suite, emergency department and other areas as available
- Surveillance for HA-CDI per routine
- No other new infection prevention interventions instituted during this time

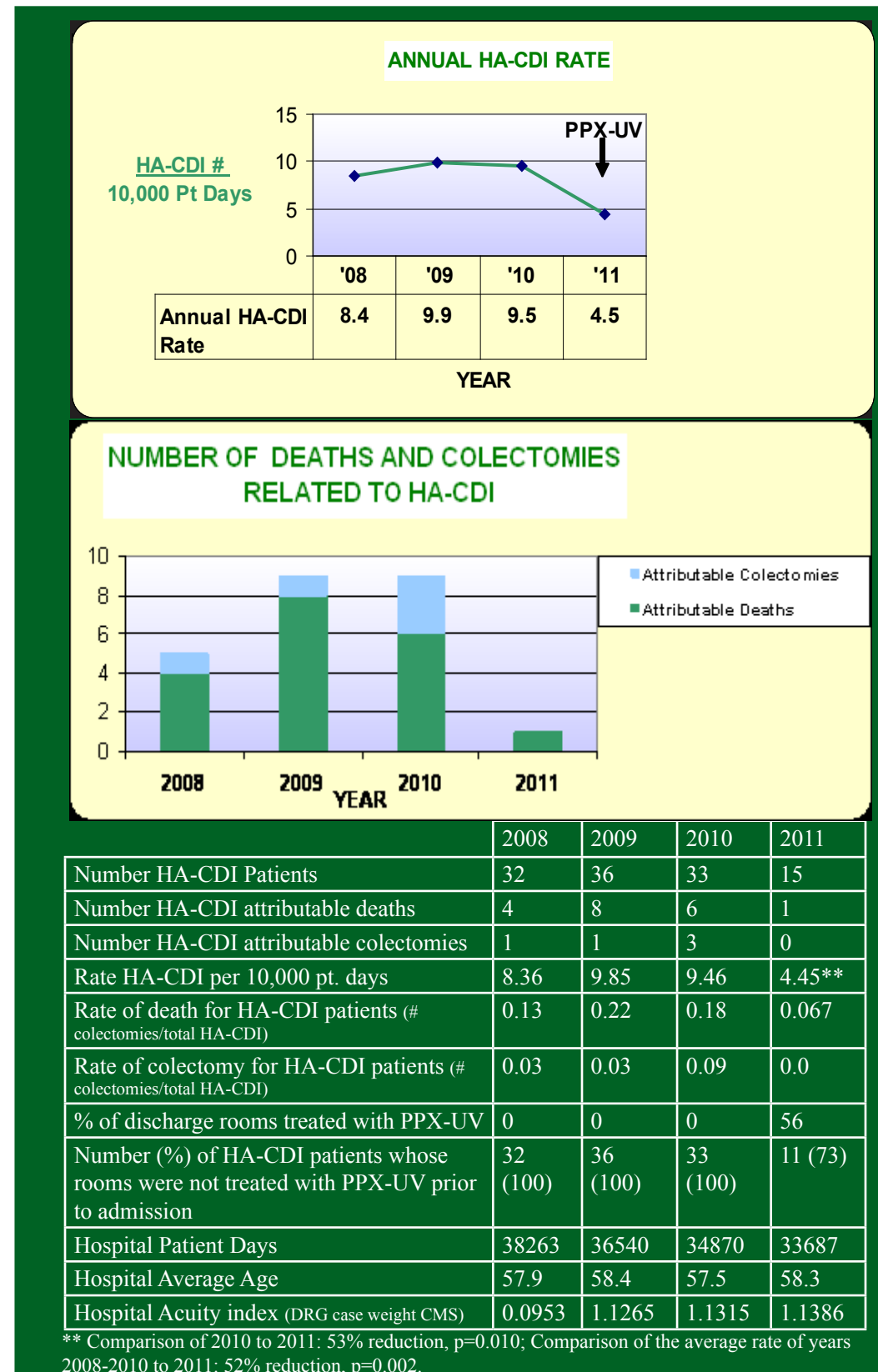
Results:

- HA-CDI rates per 10,000 patient days (pd) were reduced from 9.46/10,000 pd for 2010 to 4.45/10,000 pd in 2011. (53% decline, $p=0.010$).
- Of the 15 patients who were diagnosed with HA-CDI in 2011, 11 (73%) were placed in rooms that had not been treated with the PPX-UV device prior to occupation.
- The number of colectomies and deaths attributable to HA-CDI dropped from 6 colectomies and 3 deaths in 2010 to 0 colectomies and 1 death in 2011.
- Overall room turn-over time extended by about 15 minutes
- PPX-UV technology was easily incorporated into current ES staffing and workflow

Conclusion:

While this observational study does not take the place of a controlled trial, it does reflect the successful implementation of this new technology in a real-world setting. The dramatic apparent reduction in infection, death, and colectomy due to HA-CDI, when PPX-UV was added to standard prevention interventions, makes this technique well worth investigating further.

Disclaimer: There is no financial relationship between Cooley Dickinson hospital and Xenex, Inc. other than the rental of the devices.



About Cooley Dickinson

Cooley Dickinson, a full-service community hospital, is ranked in the top 5 percent of all U.S. hospitals in patient safety by HealthGrades®, the country's leading independent health care ratings organization. It is the only hospital in the Springfield, Mass. area to achieve the HealthGrades Patient Safety Excellence Award™ for four consecutive years, 2009-2012. Learn more at www.cooley-dickinson.org. Visit <http://tinyurl.com/crptw35> to watch the CNN Money Report about Cooley Dickinson and the Xenex© light machine.

At left, a staff member shows one of the hospital's Xenex© UV light machines. Below, representatives from Cooley Dickinson's Environmental Services and Infection Prevention teams.

Contact the Authors

joanne_levin@cooley-dickinson.org, (413) 582-9186
 linda_riley@cooley-dickinson.org, (413) 582-2135
 christine_parrish@cooley-dickinson.org, (413) 582-2053
 daniel_english@cooley-dickinson.org, (413) 582-2323
 sehoon_ahn@cooley-dickinson.org, (413) 582-2601



Cooley Dickinson Hospital