Healthcare's New Front Door

Urgent Care Centers & Outpatient Surgery Centers

Infectious-disease protection with UV-C

URGENT CARE

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I n increasing numbers, people are seeking medical treatment in outpatient settings, including urgent care centers (UCC) and outpatient surgery centers. Two key factors that have influenced this shift are convenience and lower costs.

A recent Wall Street Journal article[1] noted that urgent-care centers are forecasted to grow in number as the population ages and health insurance coverage increases. According to the Urgent Care Association of America[2], the wait-times at a UCC average just 30 minutes as compared to four hours in emergency departments. Additoinally, most urgent cares are open in the evenings and on weekends, when primary care physician's offices are typically closed. Given this, one can see how convenient UCCs can be.

Another driver to this growth is the health-reforms that have been taking place in recent years. Treatment in urgent care settings offers lower costs than that in emergency departments. The average cost at a UCC is $150 versus $1,354 in an emergency department – and co-pays are similar to those for a primary care visit.

URGENT CARE CONVENIENCE[3]
- 90% of UCCs have a wait time of 30 minutes or less
- 84% of UCCs have a throughput time of 60 minutes or less
- 97% of UCCs operate seven days a week
- 50% of UCC visits result in an average charge of less than $150

-Beckers Hospital Review

LOCATIONS & BUILDING TYPES

Statistics reveal there are approximately 9,000 urgent care centers in the U.S., and, according to the Urgent Care Association of America's 2012 survey of urgent care centers, 40 percent expect to expand their existing site or add new ones. Another Association survey showed 87% of urgent-care center operators acquired or built a new location in 2014 while 89% had an increase in patient visits in 2014 from the previous year.

URGENT CARE CENTERS BUILDING TYPES[2]:
- **Shopping centers/strip malls (38%)**
- **Freestanding buildings (32%)**
- **Medical offices (20%)**
- **Mixed-use buildings (9%)**

Urgent Care Association of America

Urgent care centers and outpatient surgery centers are opening in locations that were not specifically constructed for such use, **including strip malls and existing buildings,** thus creating challenges for infection preventionists and building engineers tasked with protecting patients and visitors.

The Centers for Disease Control and Prevention (CDC) and the Joint Commission have taken notice as well. The Joint Commission, which accredits and certifies nearly 21,000 health care organizations and programs in the United States and the CDC are collaborating on an initiative designed to "adapt, enhance and disseminate CDC guidance related to infection prevention and control in ambulatory health care settings[4]".

[1] Landro, Laura (2016, March). Traditional providers get into the urgent-care game. Wall Street Journal
[2] Urgent Care Association of America 2014 Benchmarking Survey
[3] Barnet, Shannon (2015, June). 20 things to know about urgent care 2015 Becker's Hospital Review http://www.beckershospitalreview.com
[4] Joint Commission, CDC Collaborating on ambulatory infection prevention project. https://www.jointcommission.org

UV-C & HEALTHCARE

The use of UV-C equipment in healthcare to control infectious agents is one of the nation's oldest. It has been used to disinfect upper air, ventilation air and surfaces for more than seventy years, and in many instances with measured and very successful results. **UV-C kills microorganisms** and can be applied to continuously reduce, or in some cases prevent, infectious pathogens from growing on or circulating throughout outpatient settings (waiting rooms, exam rooms, surgical suites, etc.) as well as in HVAC systems. Its use is extremely simple, inexpensive and very easy to apply.

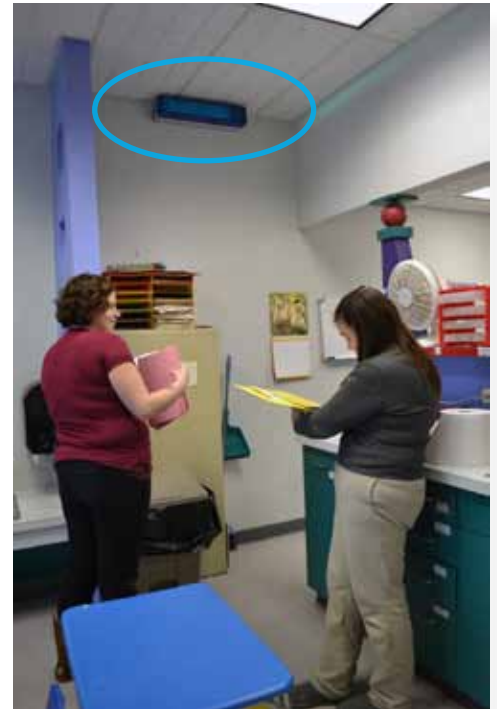## APPLYING UV-C FOR INFECTION CONTROL

Upper Air/Room

The primary objective of upper-room UV-C placement is to **interrupt the transmission of airborne infectious diseases** in patient rooms, waiting rooms and other known microbial pathways such as lobbies, stairwells, and corridors, all of which can be effectively and affordably treated with UV-C. Operating 24 hours a day, they are especially effective at reducing airborne infectious microbes and minimizing the viability of surface microbes that may have settled out of room air.

GLO upper air fixture in health clinic

Air Conditioning Systems

Typical A/C systems in outpatient settings were primarily designed to provide a comfortable environment for building occupants. However, those same systems also serve to quickly circulate microorganisms from one space to another, jeopardizing many of the infection-control systems and hygienic procedures designed to prevent cross-contamination. HVAC systems are perfect breeding grounds for mold and bacteria. **UV-C can be easily applied to air conditioning equipment and ducts to kill airborne and surface pathogens.**

Typical large HVAC System with UV-C fixtures

UV-C: COST EFFECTIVE SOLUTION

The simplicity and cost effectiveness of UV-C offers infection preventionists and facility engineers faced with protecting patients in this "new" healthcare setting a unique tool in their infection prevention tool bag.


Other References
* Morgan, Jamie (2016, March). Joint Commission, CDC collaborate on ambulatory care infection prevention project. http://www.hfmmagazine.com
* Oss, Monica E. (2016, April). Are urgent care centers the hospital system answer to 'Seamless Consumer Experiences'? Open Minds. https://www.openminds.com
* Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for safe care. Centers for Disease Control and Prevention. http://www.cdc.gov/HAI/prevent/prevent_pubs.html

UV-C Solutions for Outpatient Settings

GLO™

Upper air UV systems, used since the 1940s, continue to be an effective tool in reducing the risk of airborne disease transmission. The GLO upper air fixture exceeds the performance guidelines established by the U.S. Department of Health and Human Services and the Center for Disease Control and Prevention (CDC) for healthcare applications. GLO is used to mitigate nosocomial infections, colds and flu, etc. found in healthcare settings. Applications include waiting, exam and treatment rooms, surgical settings, virtually anywhere there is a threat of airborne infectious pathogens.
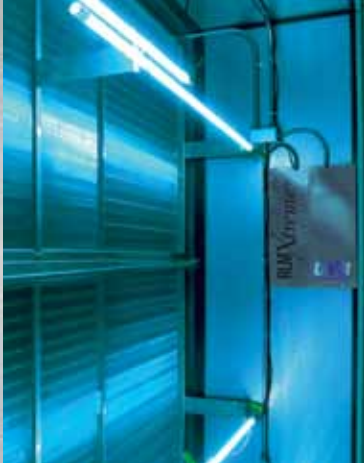
RLM XTREME™

For larger buildings with central HVAC systems, the RLM Xtreme combines premium components into a simple, flexible, and affordable kit that easily conforms to most any plenum. Its exclusive EncapsuLamp™ (FEP lamp coating) technology protects the system, space and installer from lamp residues such as glass and mercury should an accidental lamp break occur. Whether for surface pathogens (e.g. mold), killing airborne infectious pathogens or both, RLM Xtreme delivers flexibility, long warranties and service life; all at the lowest cost of ownership possible.

X-PLUS™

The X-Plus is easily applied to kill pathogens on the most common air conditioning systems serving urgent care centers, package rooftop systems. The X-Plus combines maximum UV-C performance in an affordable NEMA 4X rated fixture for indoor or outdoor applications.

STINGER™

The 24V Stinger was developed for under-serviced and hard to access systems such as fan coil units, heat pump units, unit ventilators, terminal units and individual duct runs. It is ideal for units above ceilings or in specialty applications such as medical offices, medical clinics—anywhere UV-C is needed in smaller areas. Its low voltage reduces code and safety issues. Stinger is affordable, simple and easy to install—perfect for many of today's applications.

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