

CASE STUDY

Expanding UV-C Disinfection to Support HAI Reduction and Improve Patient Perception of Cleanliness

By integrating UV-C technology with manual cleaning, the team addressed potential gaps in disinfection, improved patient safety, and increased staff confidence. The increase in utilization, combined with strong ATP testing results and reduced HAI trends, demonstrates the value of UV-C as an essential infection-prevention strategy.



Best Practices

- **100%** of all contact isolation rooms receive UV-C.
- **100%** of OR, L&D, and Endoscopy rooms receive UV-C.
- **50%** of patient-ready/discharge rooms receive UV-C.
- Any available Peds ED rooms overnight receive UV-C.

THE STRATEGY

Environmental Services (EVS) expanded UV-C light deployment beyond contact isolation rooms to include patient-ready rooms, ORs, L&D, Endoscopy, and targeted ED areas.

INTERVENTION

Process Change:

- Staff completes standard discharge cleaning.
- A **UV-C device runs 2 cycles (4 minutes each)** to target overlooked high-touch surfaces.
- EVS staff leave a **tent card** in each room confirming “Final Cleaning with UV Light Technology.”

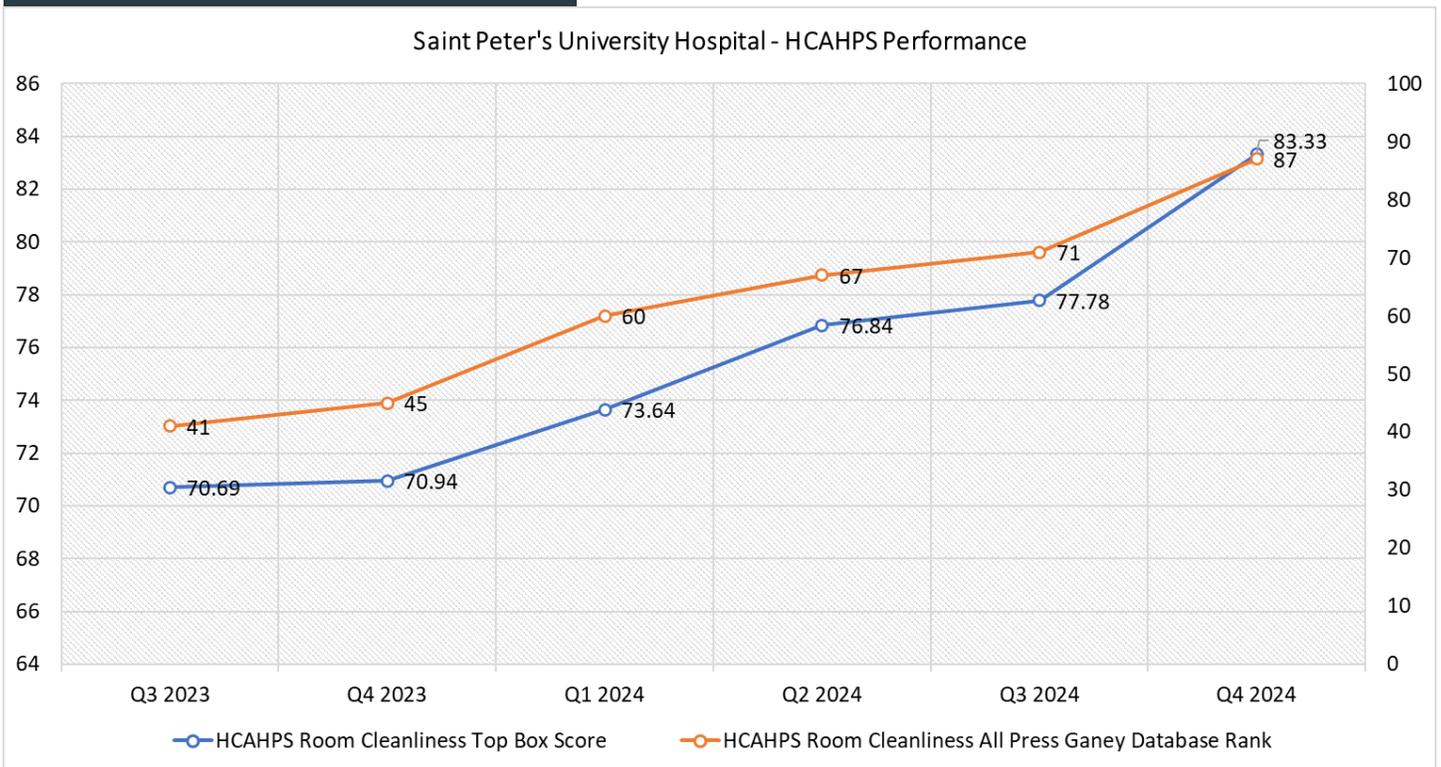
Scope Expansion:

- From isolation rooms only to **patient-ready rooms, ORs, L&D, Endoscopy, and ED pediatric rooms (overnight use when available)**.

RESULTS

- **UV-C Utilization:** Increased from 1,000 cycles/month → 5,900 cycles/month (ED, maternity, radiology, patient floors).
- **Training & Competency:** 100% of current staff and new hires trained and validated in UV-C deployment.
- **Quality Outcomes:**
 - **ATP pass rates post-cleaning:** 96–99%.
 - **Staff satisfaction:** High morale and confidence in using UV-C technology (see attached survey).
 - **Hospital-onset HAIs (C. diff, MRSA, etc.):** Significant improvement trends noted (see attached data).

HCAHPS Outcomes



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