

Behind the Mask:

Fundamentals of Infection Prevention Program Rounding

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Lauren Musil BSN, RN



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Meet our Subject Matter Experts



Alisha Sheffield MSN, RN CIC

Alisha is an Infection Preventionist and Registered Nurse with 21 years of experience in a variety of healthcare settings including ambulatory, acute care, and surgical areas. Over the past 13 years, she has worked as an Infection Preventionist in outpatient surgery as well as at a large academic medical center. Her recent work has focused on utilizing her IPC expertise to develop infection control tools and resources to assist Infection Preventionists in under-resourced settings.



Lauren Musil BSN, RN

Lauren is an Infection Preventionist with a background as Registered Nurse. She has a wide variety of healthcare experience having worked in neurology, neurosurgery, ambulatory surgery, home health and with the Nebraska Biocontainment unit. As an IP, her primary focus was in critical care, oncology, VAE prevention and as the IP to the Nebraska Biocontainment Unit. Her recent work has been spent in a grant funded role to develop innovative tools to aid IPs in rural and remote settings.

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Disclosure Declaration



- We have no financial disclosures or conflicts related to this presentation.
- This work has been grant funded through the Center for Disease Control and Prevention in support of Project Firstline.
- The views and opinions expressed during this webinar are those of the presenters and do not necessarily reflect those of the University of Nebraska Medical Center, The Nebraska Medical Center or the Centers for Disease Control and Prevention.

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Overall Series Objectives



Analyze the fundamental components of a robust infection prevention and control (IPC) program.



Interpret guidelines, regulatory requirements, and best practice literature for a successful application to the infection prevention program.



Utilize identified strategies to incorporate best practice into Infection Prevention programs.



Integrate Infection Prevention program data to target prevention and improvement strategies.



Combine acquired knowledge to enhance collaboration and teamwork within the healthcare system.

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IPC Program Rounding Objectives



Discuss the basic principles, terms, and methodologies used to perform infection prevention rounding.



Explore performance monitoring principles and their relation to infection prevention programs.



Apply rounding principles to meet objectives of IPC programs.



Analyze results of rounding to inform program performance improvement initiatives.

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Rounding Webinar Series Outline



IPC Program Rounding

- Key Concepts
- Basics of Rounding
- Rounding Tools
- Data Analysis
- Communicate Findings & Providing Feedback

Device & Process Rounding

- Device Rounds
 - Vascular Access Devices
 - Foley Catheters
 - Ventilators
- Process Rounds
 - Device Reprocessing
 - Cleaning/Disinfection
 - Isolation/ PPE
 - Hand Hygiene
- Tools
- Partnering with Frontline Staff
- Feedback loop

Specialty Department Rounding

- Sterile Processing
- Dialysis
- Ambulatory Clinics
- Procedural Areas/ ASC/ OR
- Specialty: Food and Nutrition, Laundry
- Partnering with Frontline Staff

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What is Infection Prevention Rounding?



- Component of performance monitoring
 - Monitors adherence to:
 - Guidelines
 - Policies
 - Procedures
 - Protocols
- Aid in gap identification to inform improvement efforts
- Formal and informal process
 - Can be individual or with a large multidisciplinary team



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Goals of Rounding



- Improve Outcomes & Safety
- Improve Compliance
- Early identification of problems and risk
- Collaboration & Communication
- Understand processes
- Educate & Reinforce



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Auditing vs Rounding



Audit

An official examination of practices and procedures

- Formal, Systematic process
- Periodic
- Objective and comprehensive to the skill or practice it is monitoring

Rounding

Real-time assessment that may include a wider scope and is characterized by regular visits

- Proactive
- Allows for continuity between audits (e.g., device rounds while informally monitoring the environment)
- Allows for relationship building & visible IPC presence in area

Both

- Monitoring for practice gaps and compliance
- Collect & utilize data
- Inform practice and improvement initiatives

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Why We Round



Identify & Mitigate Risks

- Early Detection
- Prevention

Compliance

- Regulation
- Best Practices

Educate & Reinforce

- Staff Education
- Culture of Safety
- IP Education

Improve Patient Outcomes

- Reduce HAIs
- Patient Safety

Who says we need to round?
 What frequency should we round?
 When is it enough?

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Types of Rounds



Environmental/ Environment of Care Rounds

- EOC Opportunities (E.g., Ceiling tiles, dust, supply storage, chips, general cleanliness)

Process Rounding

- Injection Safety, Hand Hygiene, Instrument Transport, PPE, EVS Cleaning & Disinfection

Device Rounding

- Central Lines, Urinary Catheters, Ventilators

Specialty Areas

- Sterile Processing, Operating Rooms, Procedure Areas, Dialysis

Event Rounding

- Outbreak, Construction Project, New Device/ Product

Daily Rounding

- "5- minute rounds"
- Quick, targeted rounds on specific practices or areas

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Rounding Methods



IPC ROUNDS (E.g., EOC, Process, Device, Event, Daily)

Announced/
Unannounced

Formal/
Informal

Multidisciplin-
ary

Direct
Observation

Formal Tracer

Spot Check

Shadow staff

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Where - Locations for Rounding



Inpatient	Outpatient	Procedural	Surgical	Support Services
<ul style="list-style-type: none"> • Med/Surg • ICU • Labor & Delivery • Emergency • Short Stay 	<ul style="list-style-type: none"> • Clinics • Ambulatory Surgery • Sleep Centers • Wound Care • Dialysis 	<ul style="list-style-type: none"> • Interventional Radiology • GI Lab • MRI/ CT • Bronchoscopy 	<ul style="list-style-type: none"> • Operating Room • Sterile Processing 	<ul style="list-style-type: none"> • Laboratory • Food & Nutrition • Pharmacy • Linen • PT/OT

The Space Within the Space

- Receiving area
- Soiled hold
- Clean Supply
- Med prep area
- Waiting Room
- Food Storage
- POC Testing
- Cart Holding (linen, code cart, etc.)
- Nurse Servers
- Staff breakrooms, etc.



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What To Round On?

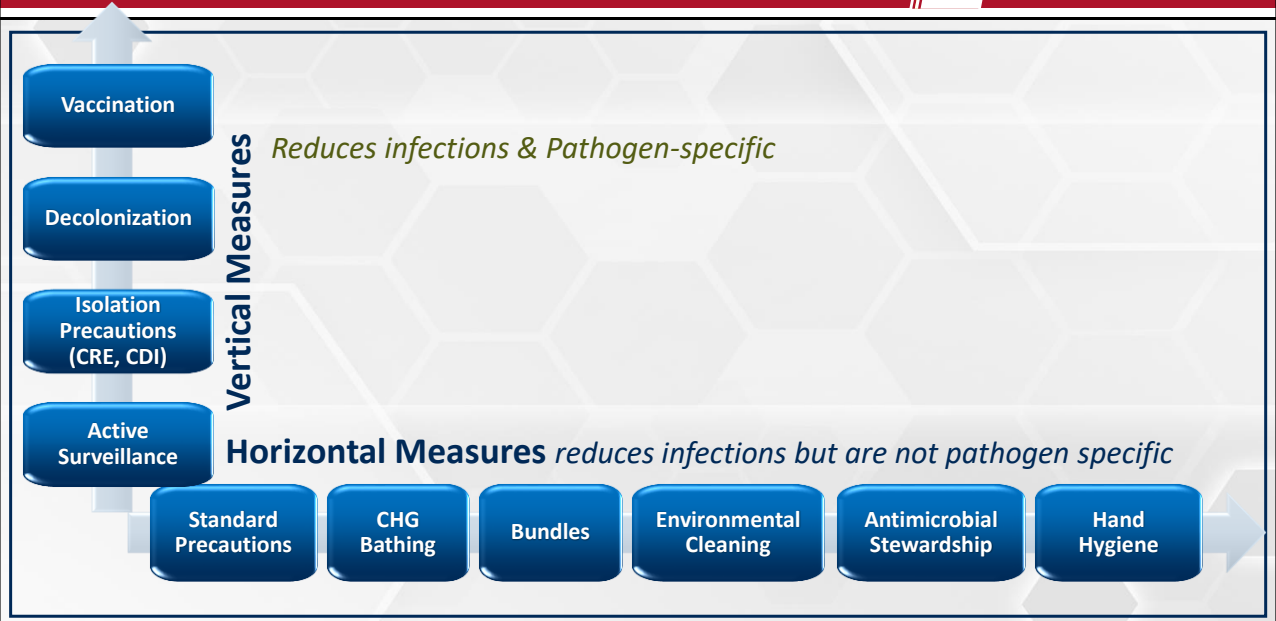


<ul style="list-style-type: none"> • Regulatory Compliance • Risk Assessment • Challenges/ risk in the area • Safety Events 	<ul style="list-style-type: none"> • Surveillance Data • Vertical Measures • Horizontal Measures • New Products/ Protocols
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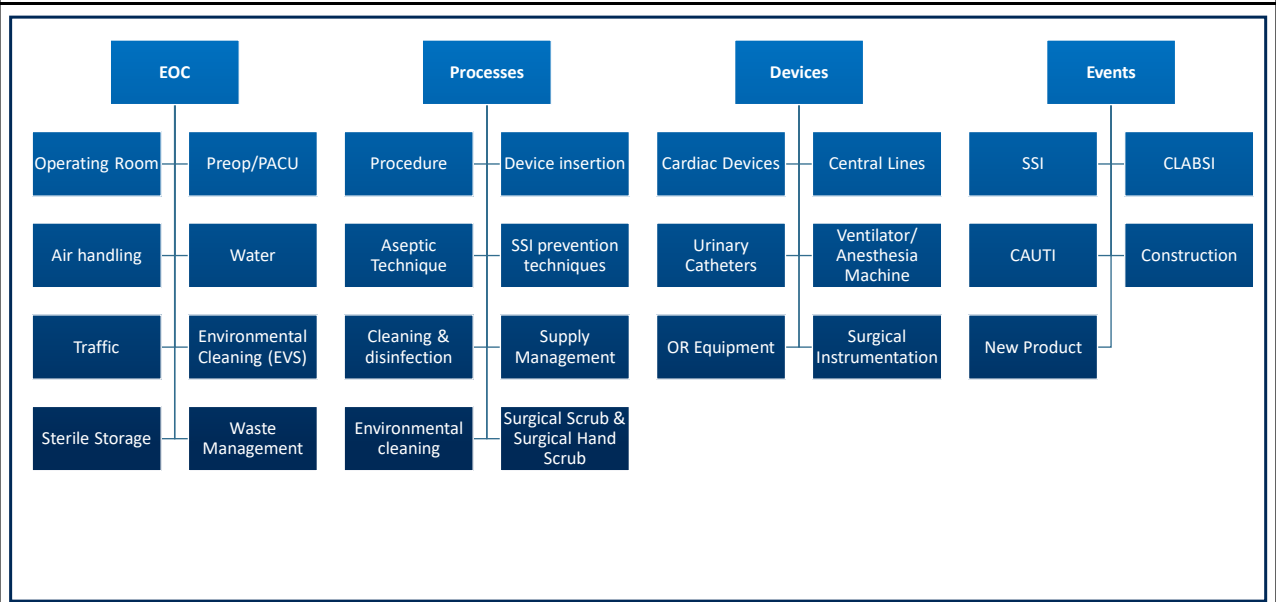
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Monitoring Measures



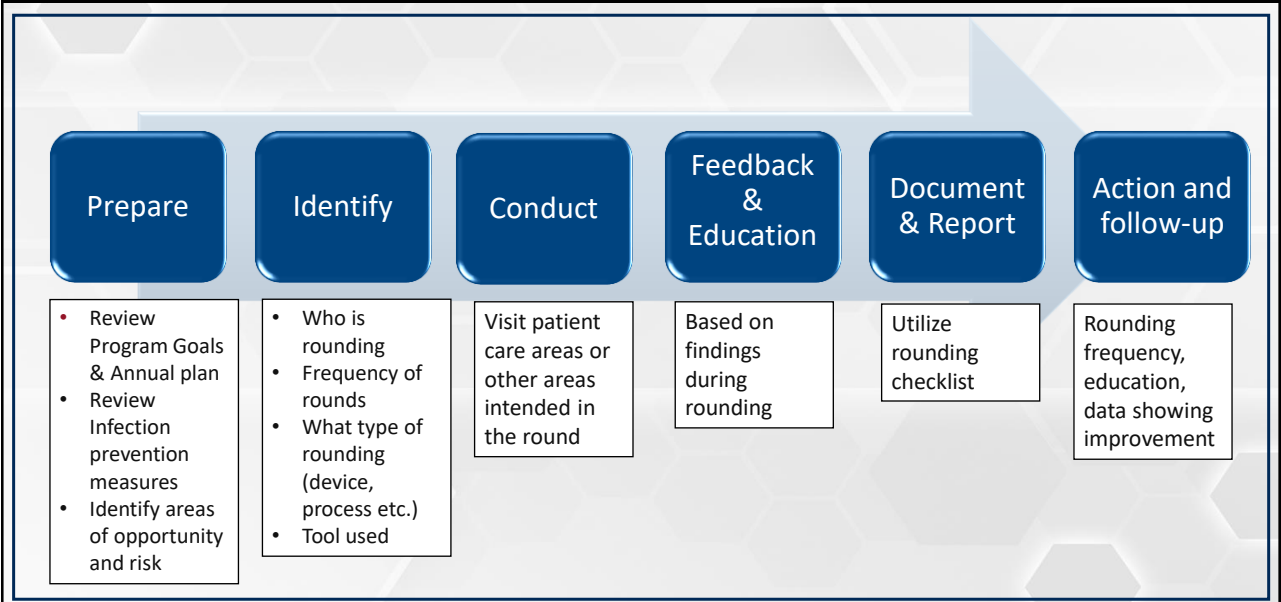
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Example of OR Rounds



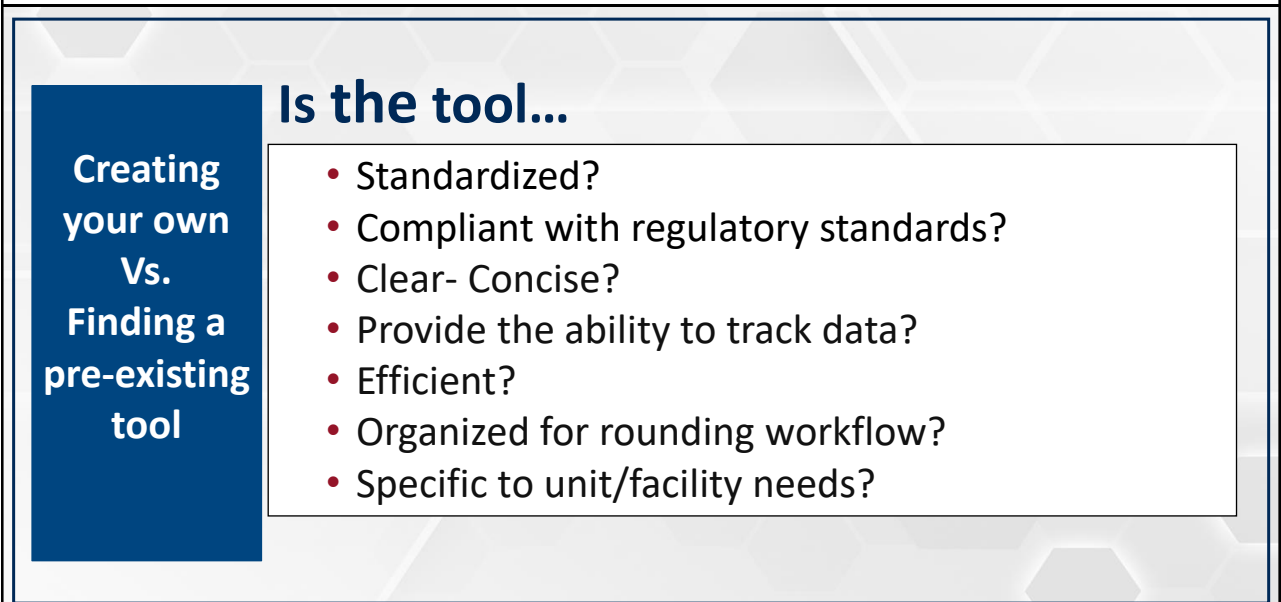
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The “How” of Rounding



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What to Look for in a Tool



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Conducting Rounds



Observe & Assess...

- Direct observation of staff practice
- Interviews with staff and patients
- Partner with staff to address barriers
- Review of documentation and records
- Identifying non-compliance and compliance
- Real time feedback and coaching

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Feedback DURING Rounds



- Make eye contact
- Be positive
- Use safety language when necessary
- Be clear and concise
- Be patient and sensitive
- Be non-accusatory
- *Inspire Trust- "We're in this together"*

It's great to see you doing...

I want to validate and verify...

I have a concern...

Let's talk about your hesitation regarding...

You work so hard to do your work correctly, I noticed an opportunity that I could help you solve.

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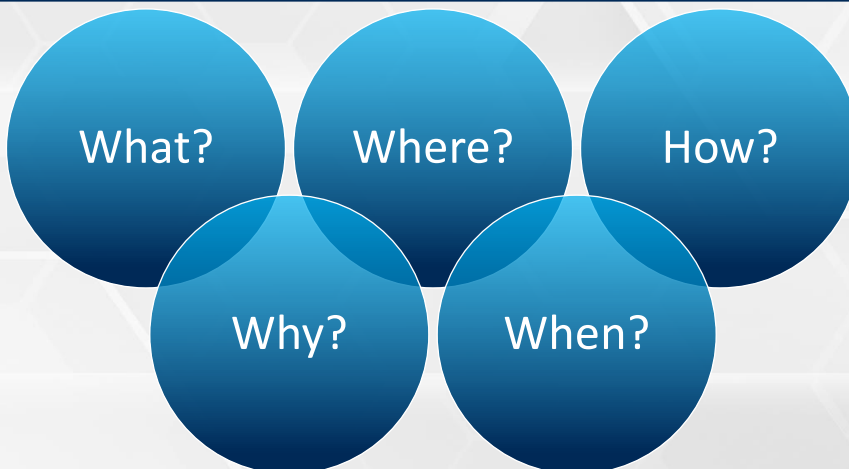
Documentation

- ✓ Area inspected
- ✓ Who was present on the rounds
- ✓ Date inspected
- ✓ Who performed the round
- ✓ Details of the rounding – compliant, non-compliant, comments, NA
- ✓ Escalation procedures if non-compliant after corrections recommended
- ✓ Closed Loop Communication



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What is Infection Prevention Rounding?

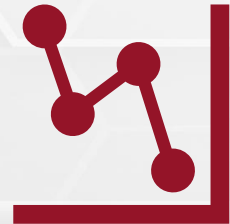


And now what?

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Data Analysis

- Analyze data based on the opportunities identified on rounds
- Categorize based on themes
- Organize data into digestible format
- Create formal reports & dashboards
- Prepare to share



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Reporting

- Report data and trends to:
 - Frontline staff
 - Unit/ Department leadership
 - Relevant committees (ICC, QAPI, Nursing etc.)
 - Include in Infection Prevention Annual Plan and Risk Assessment

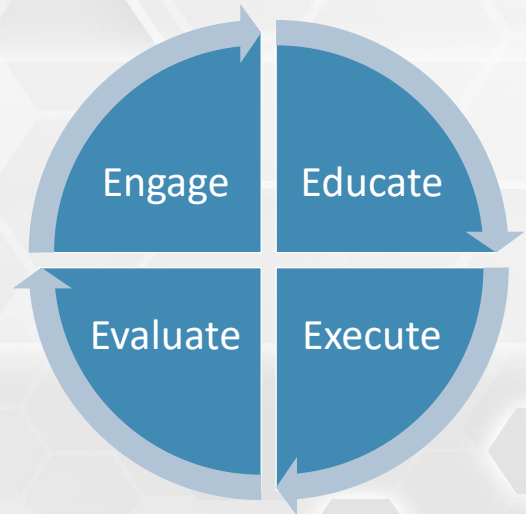
Then What...

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Performance Improvement



- Efforts can be:
 - ✓ Small Scale (specific unit or practice)
 - ✓ Large Scale (facility-wide)
- Consider using action plans & SMART Goals
- Establish a plan for follow-up:
 - More frequent rounds
 - Daily monitoring by unit staff



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Challenges and Solutions



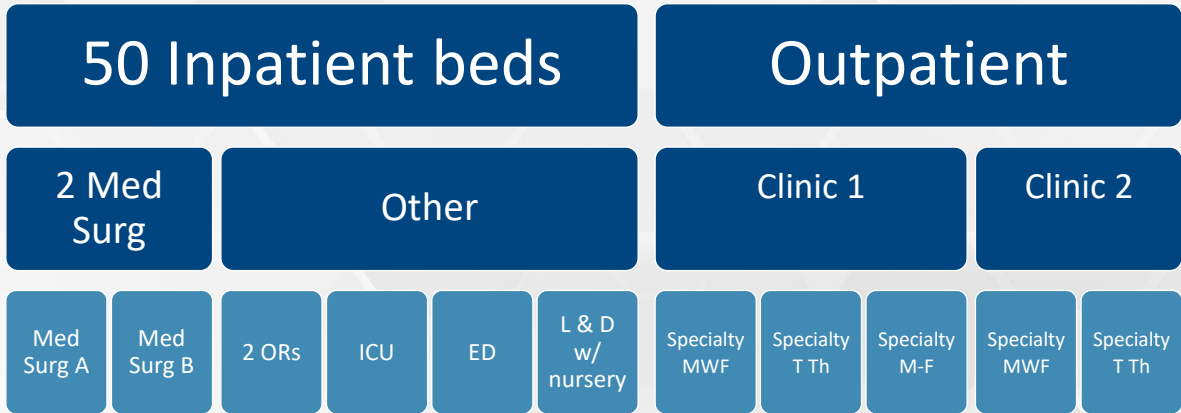
Challenge	Potential Solutions
Lack of Time	<ul style="list-style-type: none"> • Prioritize high risk areas/ processes
Lack of Knowledge	<ul style="list-style-type: none"> • Partner with colleagues • Be curious- okay not to know it all • Learn what resources may help
Staff & Leadership Engagement (they hide/ don't engage) Relationships (Us vs. Them)	<ul style="list-style-type: none"> • Build relationships, We're in this together • Present the bottom line. Review metrics, workable solutions. • Present a business case
Resistance to Change	<ul style="list-style-type: none"> • Build relationships • Provide credible resources • Be persistent... document... escalate
Resource Limitations	<ul style="list-style-type: none"> • Use free resources when able • Partner with colleagues for strategies • Ask state partners for help
Communication Challenges/ Misinterpretation	<ul style="list-style-type: none"> • Be curious, non accusatory • Use open-ended questions
Documentation	<ul style="list-style-type: none"> • Standardize forms and documents • Don't reinvent the wheel • Delegate when able
Follow Up	<ul style="list-style-type: none"> • Identify process that is standardized and effective E.g., follow up letters/ emails, SMART goals, Timelines etc.

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Application- Our Facility



Setting up a Rounding Program



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Application- Annual Plan & Risk Assessment



- Monitor HAIs
 - 2 units have devices
- Most surgeries are elective but have the capability for trauma
- Many contracted services (e.g., dialysis)
- 2 L&D rooms on MedSurg but typically have <10 patients per year.
- Clinic has a shifting schedule of providers and services
- High risk/Opportunities/Events

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)					RISK	
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE		EXTERNAL RESPONSE
	Likelihood these will be present in your patient population	Severity of this type infection	Additional Cleaning / Isolation / Staffing Needs Due to this Infection	Increased length of stay / cost to the facility due to this infection	Identification of this disease / infection. Plan for caring for this type patient	Staff Knowledge / internal support of plan for this particular disease / infection	External Support for this type infection / disease / Public Health, mutual aid, Gov. Agencies, etc.	Relative threat* to this facility
SCORE	0 = NA 1 = Low 2 = Moderate 3 = High	0 = NA 1 = Low 2 = Moderate 3 = High	0 = NA 1 = Low 2 = Moderate 3 = High	0 = NA 1 = Low 2 = Moderate 3 = High	0 = NA 1 = High 2 = Moderate 3 = Low or none	0 = NA 1 = High 2 = Moderate 3 = Low or none	0 = NA 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Monitor HAIs	3	2	1	1	1	1	1	39%
Elective Surgeries	3	2	1	1	1	1	1	39%

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Application



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EOC Rounds



Environment of Care

- **General areas/ Waiting Rooms**
- Patient Care Areas
- Supply Storage
- Specimen handling
- Med Prep and storage



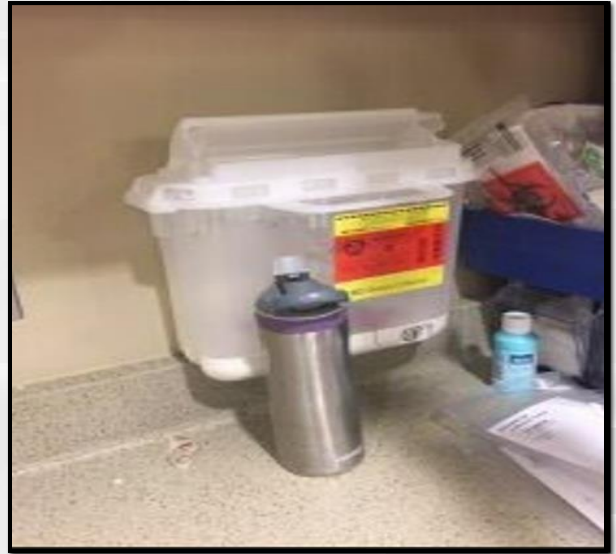
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EOC Rounds



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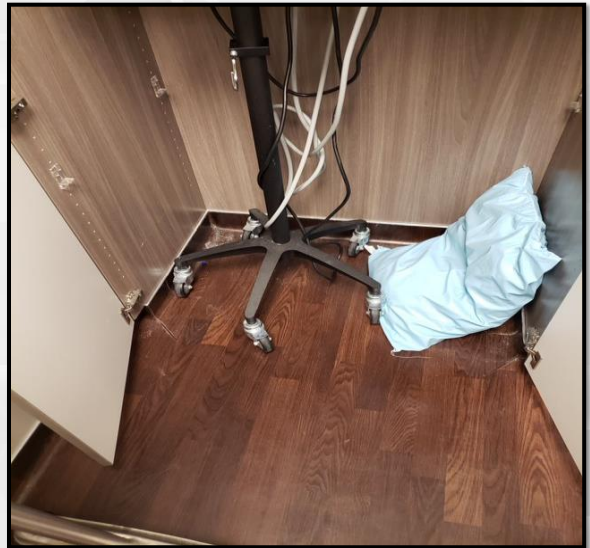
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EOC Rounds



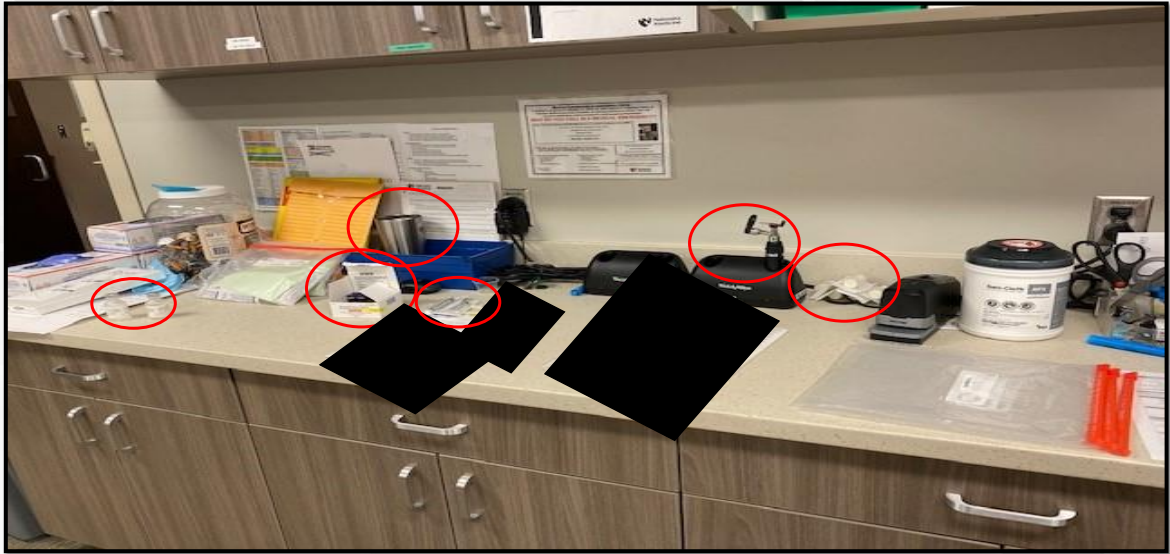
Environment of Care

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- Med Prep and storage



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EOC Rounds



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EOC Rounds

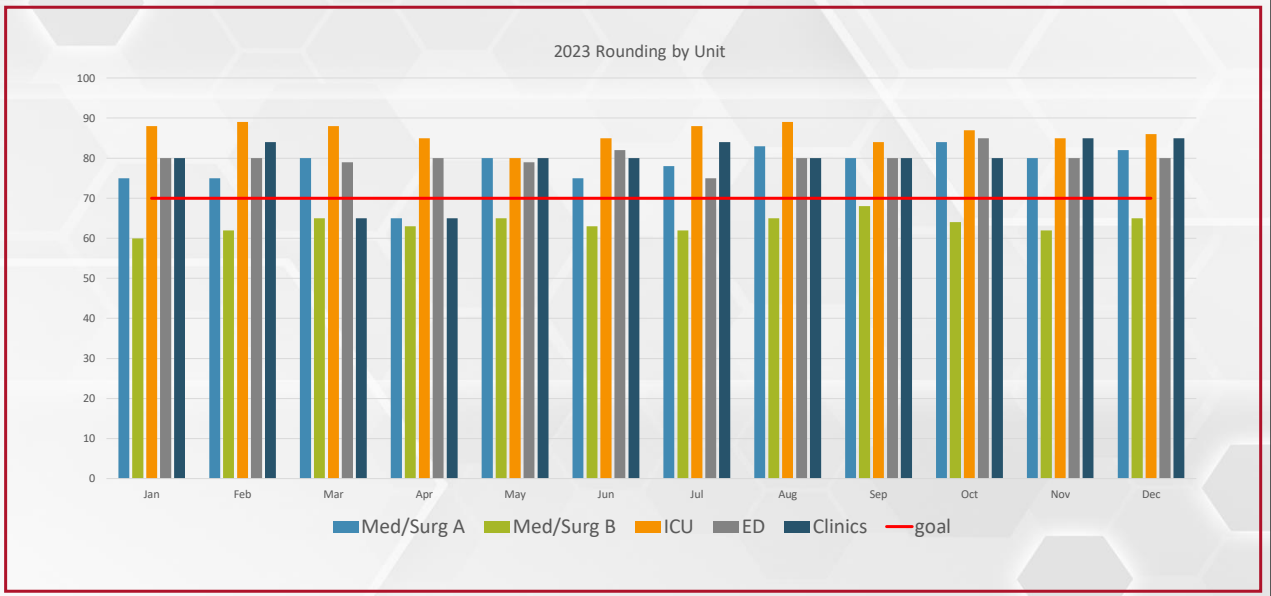


[Education and Resources | innovateIPC.org](https://innovateIPC.org)

Environment of care-Patient care areas	Y	N
Clean and used shared medical devices stored separately	<input type="checkbox"/>	<input type="checkbox"/>
Staff can speak to process for clean vs dirty equipment per policy	<input type="checkbox"/>	<input type="checkbox"/>
Items are within date	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators/Freezer appear clean, and temperature logs up to date	<input type="checkbox"/>	<input type="checkbox"/>
Incorrect temperatures are documented with actions taken:	<input type="checkbox"/>	<input type="checkbox"/>
Freezers: > or = to 32° F	<input type="checkbox"/>	<input type="checkbox"/>
Medications: 36-46° F	<input type="checkbox"/>	<input type="checkbox"/>
Food and Drink: 36-45° F	<input type="checkbox"/>	<input type="checkbox"/>
Specimens: 36-46° F	<input type="checkbox"/>	<input type="checkbox"/>
Blood: 34-43° F	<input type="checkbox"/>	<input type="checkbox"/>
Correct items in each refrigerator (only food in food refrigerator, only meds in med refrigerator etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Patient and staff food in stored separate refrigerators	<input type="checkbox"/>	<input type="checkbox"/>
Patient food labeled	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials labeled/stored correctly (original/typed labels with the contents defined)	<input type="checkbox"/>	<input type="checkbox"/>
Biohazard trash contained and not overfilled	<input type="checkbox"/>	<input type="checkbox"/>
Soiled linen contained and not overfilled	<input type="checkbox"/>	<input type="checkbox"/>
All medications, sharps, or syringes are secured	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Environment of Care- Non-patient care areas	Y	N
Carpet/flooring clean	<input type="checkbox"/>	<input type="checkbox"/>
Surfaces free from dust	<input type="checkbox"/>	<input type="checkbox"/>
Food and drink in designated areas	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

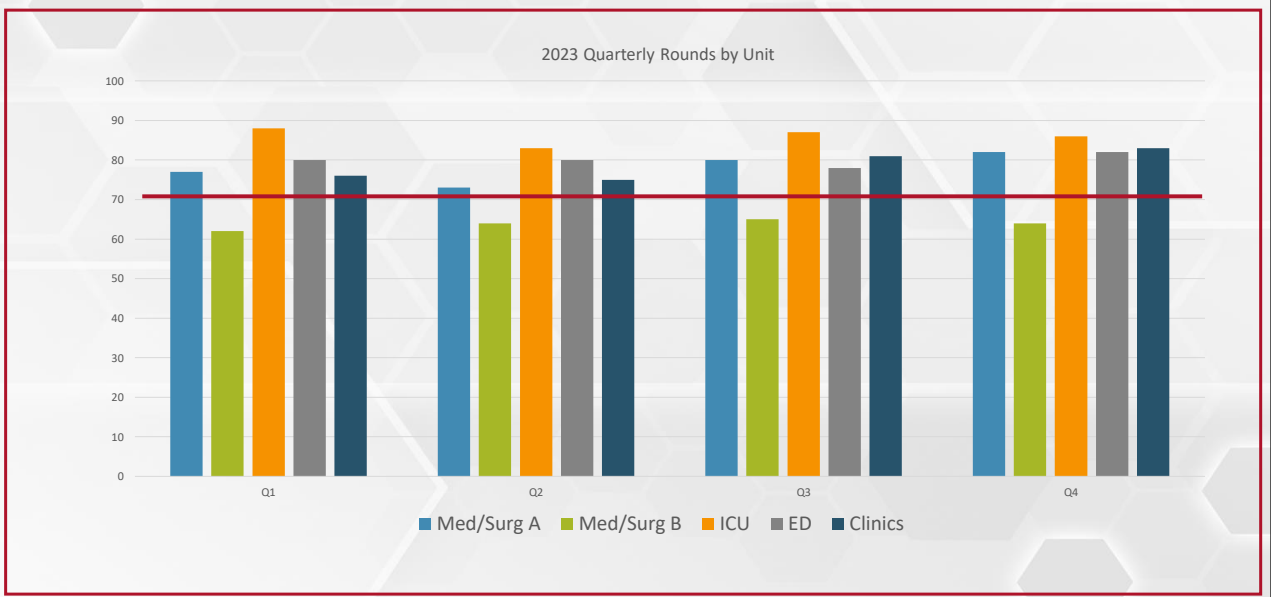
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Rounding Data By Unit



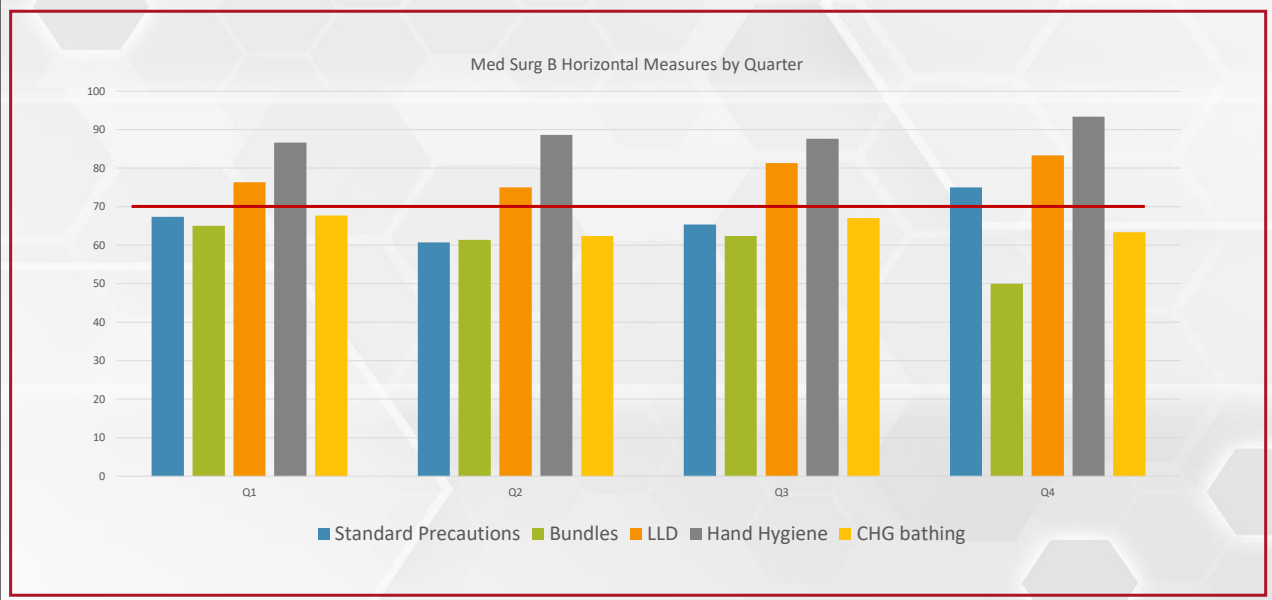
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Quarterly Rounding Data by Unit



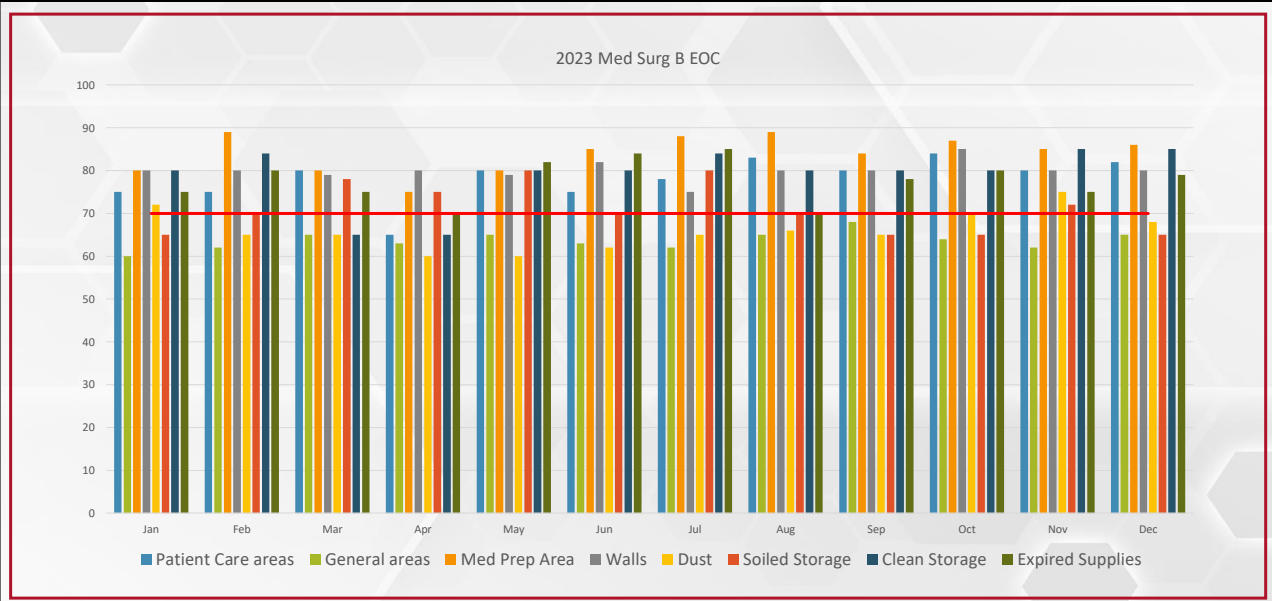
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Using Data to Drive Rounding



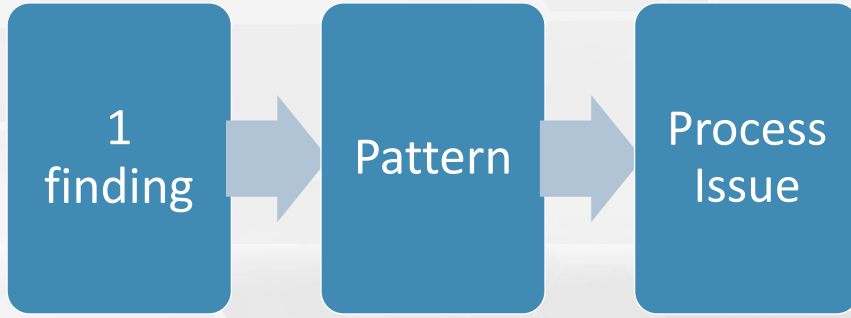
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Using Data to Drive Rounding



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Rounding Goal

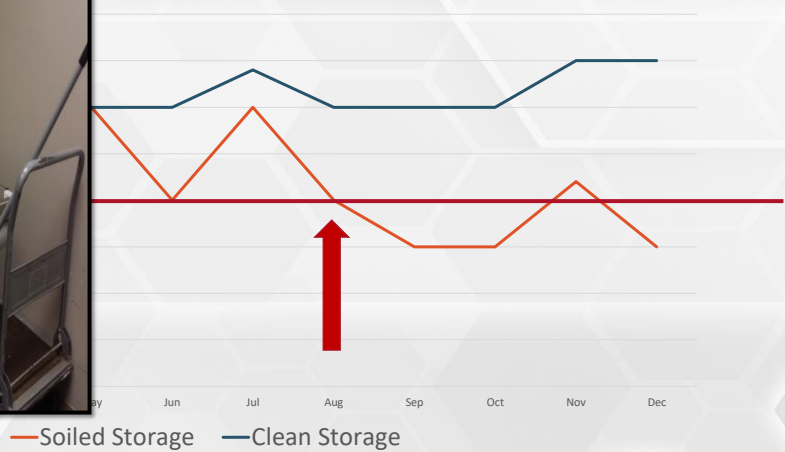


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Using Data to Drive Rounding

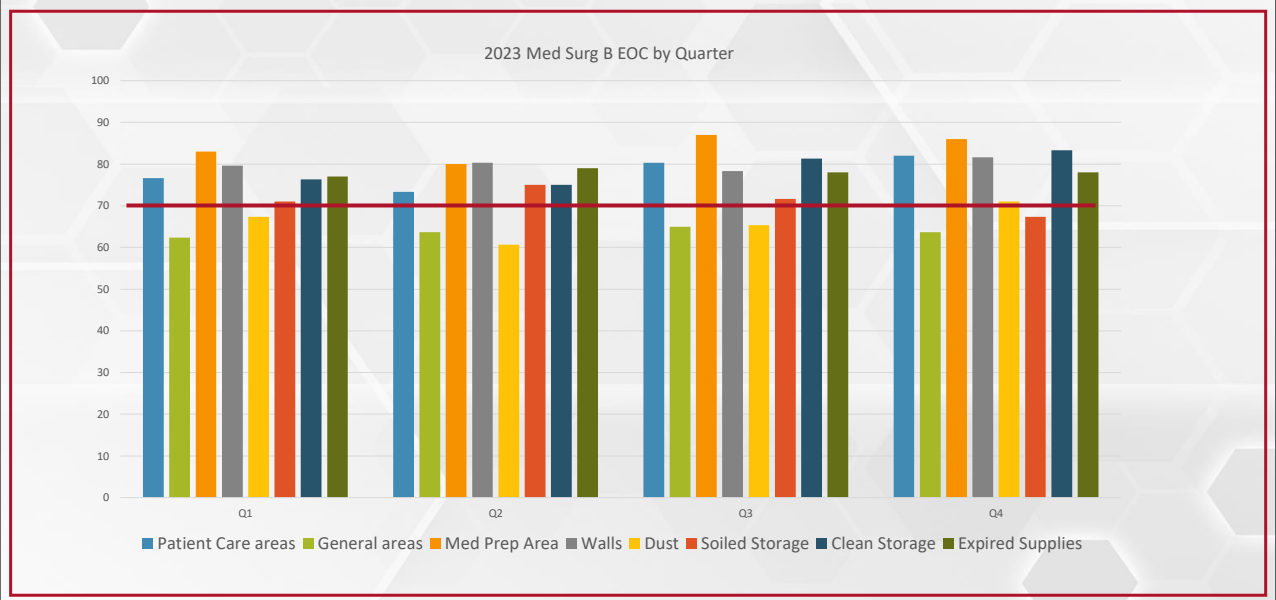


Med Surg B EOC



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Using Data to Drive Rounding



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Findings from Annual Plan & Risk Assessment



	Environmental Opportunities	Devices	Process Opportunities	High Risk processes	Recent Events	Other
Med-Surg B	✓	✓	✓	✓	✓	
Med-Surg A		✓				✓
ICU		✓	✓	✓		
ED	✓		✓			✓
Clinic 1	✓		✓	✓	✓	
Clinic 2						

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Findings from Annual Plan & Risk Assessment



	Environmental Opportunities	Devices	Process Opportunities	High Risk processes	Recent Events	Other
Med-Surg B	✓	✓	✓	✓	✓	
Med-Surg A		✓				✓
ICU		✓	✓	✓		
ED	✓		✓			✓
Clinic 1	✓		✓	✓	✓	
Clinic 2						

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Findings from Annual Plan & Risk Assessment



	Environmental Opportunities	Devices	Process Opportunities	High Risk processes	Recent Events	Other
Med-Surg B	✓	✓	✓	✓	✓	
Med-Surg A		✓				✓
ICU		✓	✓	✓		
ED	✓		✓			✓
Clinic 1	✓		✓	✓	✓	
Clinic 2						

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Findings from Annual Plan & Risk Assessment



	Environmental Opportunities	Devices	Process Opportunities	High Risk processes	Recent Events	Other
Med-Surg B	✓	✓	✓	✓	✓	
Med-Surg A		✓				✓
ICU		✓	✓	✓		
ED	✓		✓			✓
Clinic 1	✓		✓	✓	✓	
Clinic 2						

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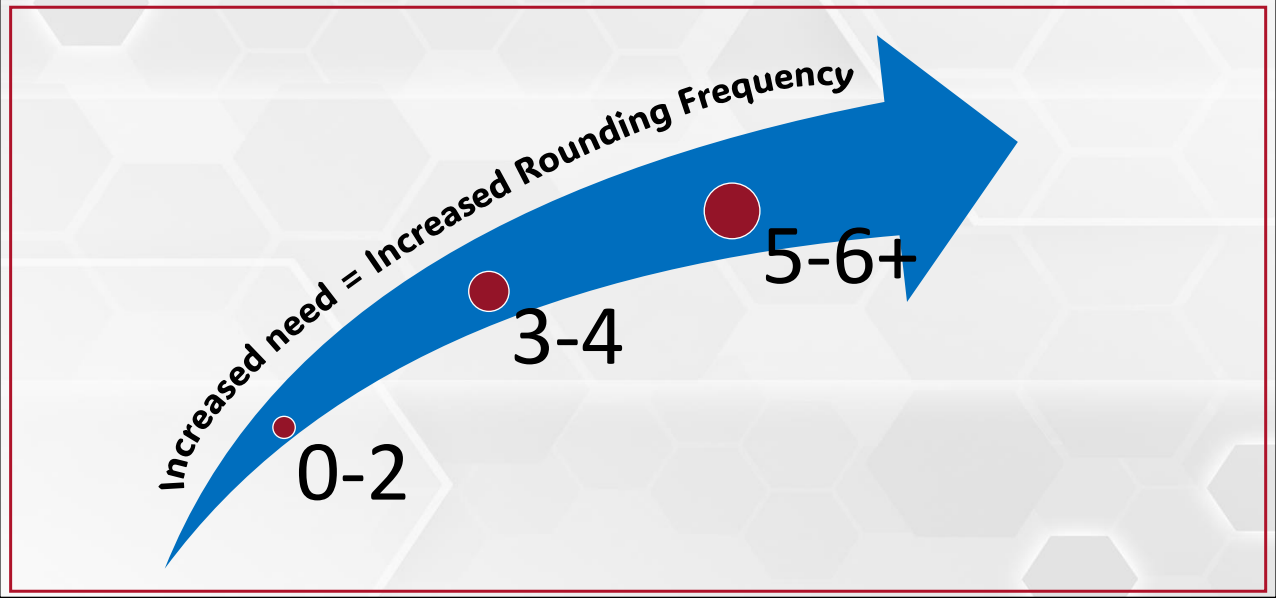
Findings from Annual Plan & Risk Assessment



	Environmental Opportunities	Devices	Process Opportunities	High Risk processes	Recent Events	Other	0-2	3-4	5-6
Med-Surg B	✓	✓	✓	✓	✓				X
Med-Surg A		✓				✓	X		
ICU		✓	✓	✓				X	
ED	✓		✓			✓		X	
Clinic 1	✓		✓	✓	✓			X	
Clinic 2							X		

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Rounding Frequency



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Findings from Annual Plan & Risk Assessment



	Device Rounds	EOC Rounds	Process Measures	High Risk processes	Recent Events	Other
Med-Surg B	Weekly	Monthly	Weekly	Quarterly + Ultrasounds	Weekly until successful completion Outbreak	—
Med-Surg A	Weekly	Bi-Annual	—	—	—	Weekly until successful completion New manager
ICU	Weekly	Bi-Annual	Weekly	Quarterly + Central Line Insertions	—	—
ED	—	Quarterly	Weekly	—	—	Weekly until successful completion High staff turnover
Clinic 1	—	Quarterly	Weekly	Quarterly + HLD/Sterilization	Weekly until successful completion Construction	—
Clinic 2	—	Bi-Annual	—	—	—	—

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Common Findings



- **Device disinfection and IFUs**
- Outdates
- Corrugated Cardboard/Outside shipping containers
- Supply Storage
- Medication Preparation- proximity to sinks and contaminated supplies
- Food and Drinks
- Intact supplies (tears, wet packs, etc.)



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Common Findings



- Device disinfection and IFUs
- **Outdates**
- Corrugated Cardboard/Outside shipping containers
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Manufacturer Date
Manufactured on 1/1/2024



Expiration Date
Expires on 1/1/2024

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Common Findings



- Device disinfection and IFUs
- Outdates
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Common Findings



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Tie it Together Slide



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**Join us next month for
Process & Device Rounding**

September 19th, 2024



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Office Hours



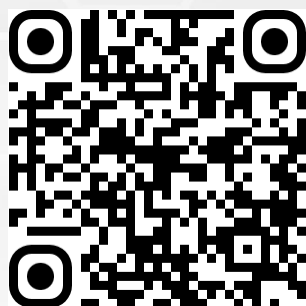
If you have a questions:

- Raise hand and our admin will take you off mute
OR
- Enter your question into the chat
- Email us at infoforipslice@nebraskamed.com if you have additional questions that have not been answered.

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Self-Led Infection Control Evaluation SLICE



SLICE Domains	
Infection Prevention & Control Program	Transmission-based & Standard Precautions
Hand Hygiene	PPE
Surveillance	CAUTI
Injection Safety	CLABSI
Environment of Care	VAE
Environmental Cleaning	Non-Ventilator Associated Pneumonia
Non-Critical Device Reprocessing	SSI
Semi-Critical Device Reprocessing	Clostridioides difficile
Critical Device Reprocessing	

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Resources



Rebecca Bartles MPH, CIC, FAPIC ^a, Angela Dickson MN, BSN, RN, CIC ^b, Oluwatomiwa Babade MD, MPH (2018). A systematic approach to quantifying infection prevention staffing and coverage needs. *American Journal of Infection Control*, 46(5) 487-497. doi: <https://doi.org/10.1016/j.ajic.2017.11.006>

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Questions

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