Behind the Mask:

Fundamentals of Device & Process Rounding

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PROJECT FIRSTLINE

UNMC Nebraska Medicine

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Meet our Subject Matter Experts

Terry Micheels MSN, RN, CIC, FAPIC

Terry is a Masters-prepared registered nurse with 29 years' experience as an Infection Preventionist in acute care settings. Fourteen of her 29 years involved managing IPC programs for community- and academic multi-hospital systems, including outpatient and ambulatory services. She has been certified in Infection Control since 2009 and is a Fellow in APIC. She is currently an IPC Consultant. She has multiple publications and has presented at National Annual APIC Conferences, national IPC webinars and multiple regional conferences.

Lori Snyder-Sloan MSN, RN, CIC

Lori is a Master's-prepared nurse with additional education and a degree in the education of adults and has 42-years of experience in Infection Prevention and hospital safety. Much of her career has been spent in the acute care setting, but she also has experience in various roles in the long-term care setting. Lori has worked as a front-line Infection Preventionist as well as in leadership within a large hospital system, including the mentoring of many novices in Infection Prevention. Currently she works as a consultant and has a specialty in surveillance of infection and is passionate about facilitating the growth of new leaders into this profession.

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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 Device & Process Rounding Objectives

- Discuss the basic principles, terms, and methodologies used to perform infection prevention rounding of devices and processes.
- Explore performance monitoring strategies for medical devices and infection prevention processes.
- Apply rounding principles to meet objectives of Infection Prevention and Control Programs.
- Analyze results of device and process rounding to inform program performance improvement initiatives.

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Rounding Webinar Series Outline

IPC Program Rounding	Device & Process Rounding	Specialty Department Rounding

• Key Concepts
• Basics of Rounding
• Rounding Tools
• Data Analysis
• Communicate Findings & Providing Feedback
	• 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
		• Unique Practice Settings
		  • Ambulatory
		  • Procedural
		  • Dialysis
		  • Rehab
		  • Radiology
		• Support Services & Care Environment
		  • Sterile Processing
		  • Food and Nutrition
		  • Laundry
		• Partnering with Frontline Staff

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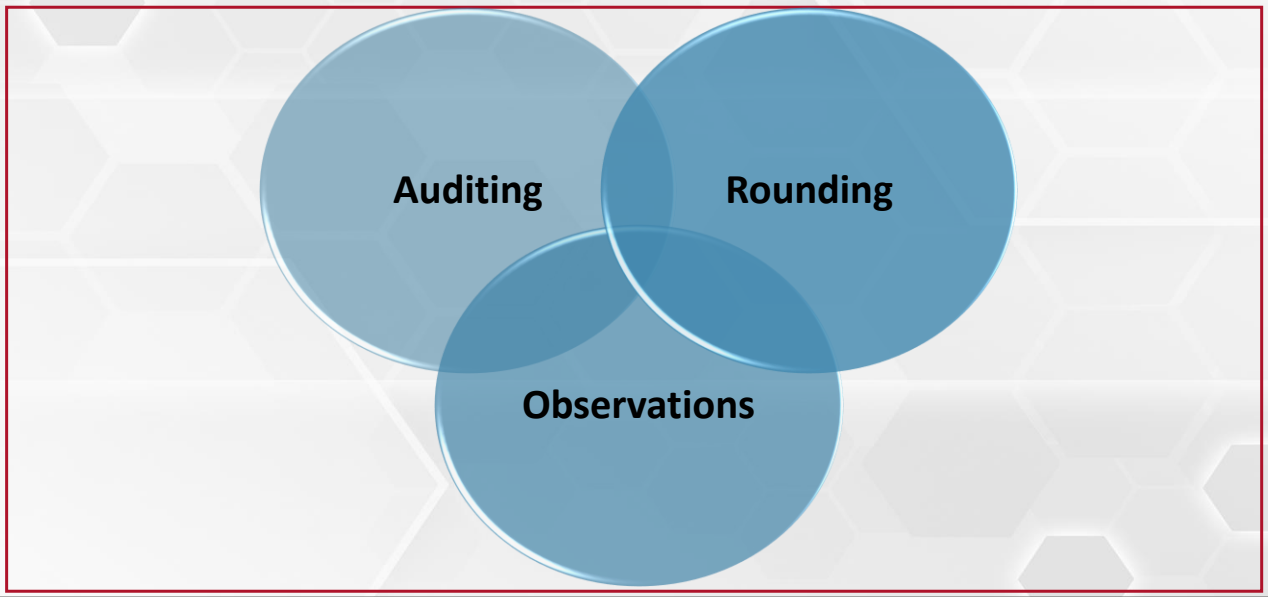
Overlapping Methods



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A Tool for Performance Improvement

Monitor Compliance
- Devices
- Processes

Review Existing Processes
- Workflow
- Accountability
- IFU Adherence

Identify Gaps
- Process
- Knowledge
- Product
- Device

Provide Feedback
- Coaching
- Explanations
- Reports
- Frontline Staff
- Leadership

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Barriers to best practices

Knowledge	• Coaching & education
Lack of materials or processes	• Process improvement efforts
Choice	• Disciplinary process

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Questions can be difficult

Personal

Fear of Failure/ Lack of Confidence	Previous experiences
Can lead to other negative responses like fear of embarrassment, shame, or judgment	Previous experiences with coaching or oversight. This can be good or bad and can be low or high

Organizational

Lack of Leadership	Lack of time	Cultural
Top management doesn't set a good example	Time constraints are prevalent in healthcare	Change-resistant culture Comfortable with status quo

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Questioning Attitudes

Positives & praise

- Be specific
- Emphasize the importance to the patient and/or the team
- Encourage them to continue

Safe spaces

- Lower emotions
- Focus on the conversation
- Energy available
- Quiet and private area

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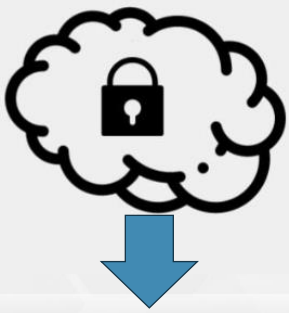
Open- Minded Approach



Who is being lazy here?

What is the full story here?

14

A Questioning Attitude

WHAT OPTIONS OR IDEAS DO YOU HAVE?

WE WOULD LIKE TO SEE ____. DO YOU HAVE ANY IDEAS FOR HOW TO GET THAT TO HAPPEN?

WHY DO YOU THINK THIS IS HAPPENING?

ARE THERE ANY OTHER APPROACHES THAT MAY WORK AND HAVEN'T BEEN TRIED?

WE WOULD LIKE TO SEE ____. WHAT DO YOU THINK STANDS IN THE WAY OF GETTING THAT TO HAPPEN?

AS YOU PROBABLY KNOW, YOUR PROFESSIONAL ORGANIZATION SAYS BEST PRACTICE IS TO _____. WHAT WOULD IT TAKE TO GET THAT TO HAPPEN?

"WE ARE MOVING IN THE DIRECTION OF _____. YOU'VE MADE A GOOD START HERE. DO YOU HAVE SOME SUGGESTIONS OF WHAT I COULD DO TO REMOVE THE FINAL HURDLE?"

AS YOU PROBABLY KNOW, YOUR PROFESSIONAL ORGANIZATION SAYS BEST PRACTICE IS TO _____. WHAT WOULD IT TAKE TO GET THAT TO HAPPEN?

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Preparing to Round [13, 15]

Familiarize yourself with the topic & best practices
- Read literature & guidelines
- APIC text, webinars
- Shadow specialists
- Review facility policies & procedures

Determine your rounding approach
- Announced or unannounced
- Covert/Overt

Prepare Nursing Leaders
Discuss Accountability
- Philosophy of improving patient care
- Shared? Or IP primary? Clinician primary?
- Sharing feedback

Develop your tools & scope
- Innovate website, APIC/CDC tools
- Combine device + hand hygiene?

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Choosing the Focus

Volume	Outcomes	Onset dates
High volume	Highest SIR or SUR	Early - insertion
Low volume	NHSN TAP report	Later - maintenance

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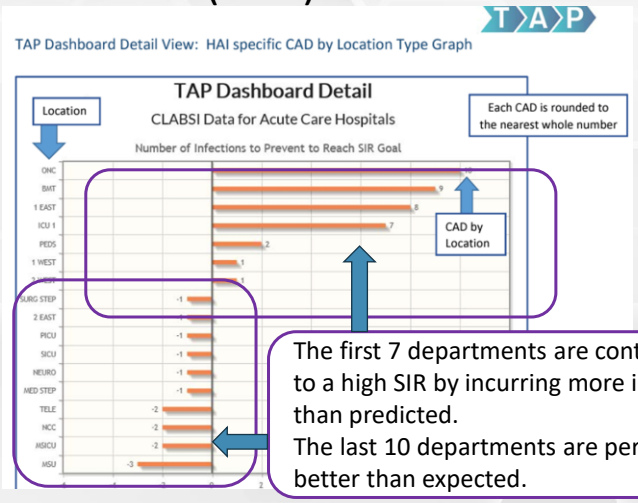
TAP Strategy[14]

Cumulative Attributable Difference (CAD)



The first 7 departments are contributing to a high SIR by incurring more infections than predicted.
The last 10 departments are performing better than expected.

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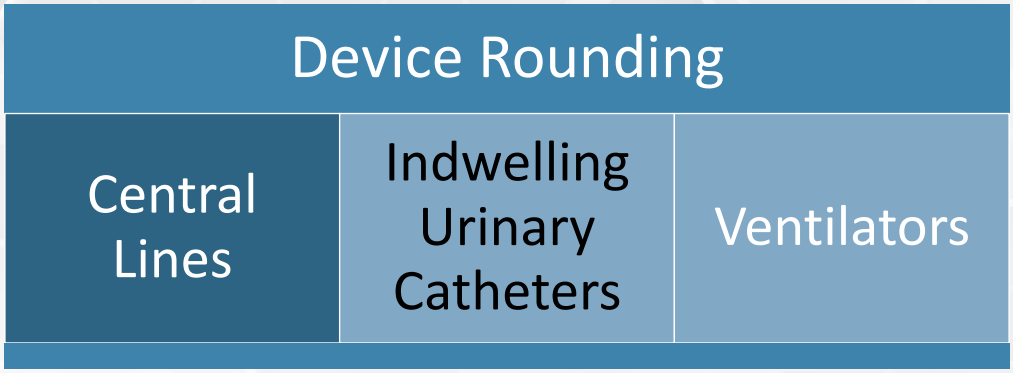
Device Rounding



https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Device-Associated-Infections-Suite-P.pdf

https://www.cdc.gov/infection-control/media/pdfs/device-associated-infections-suite-p.pdf

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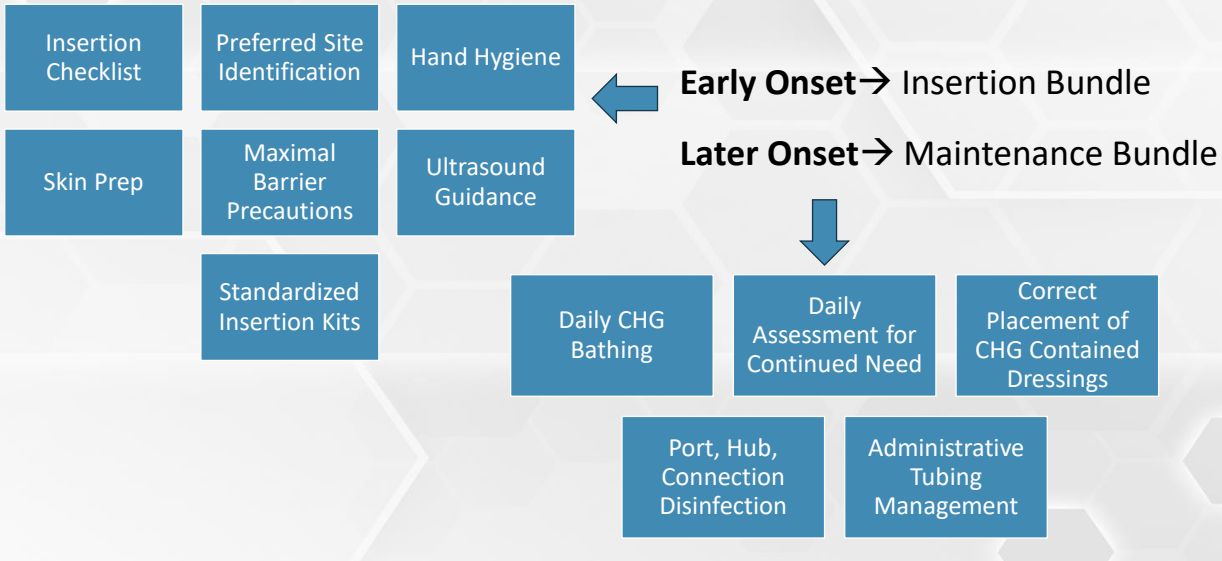
Vascular Devices [16]



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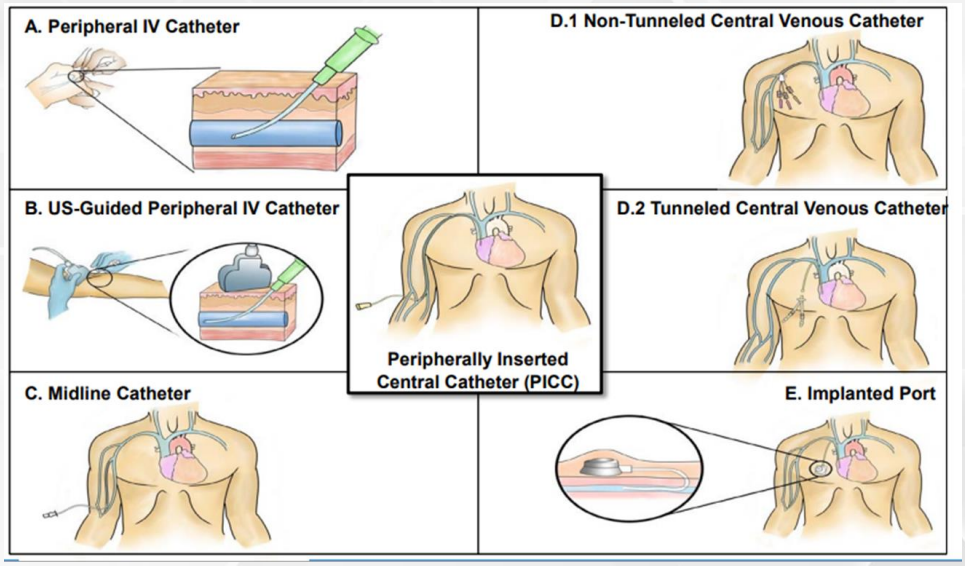
Vascular Access Device Rounding



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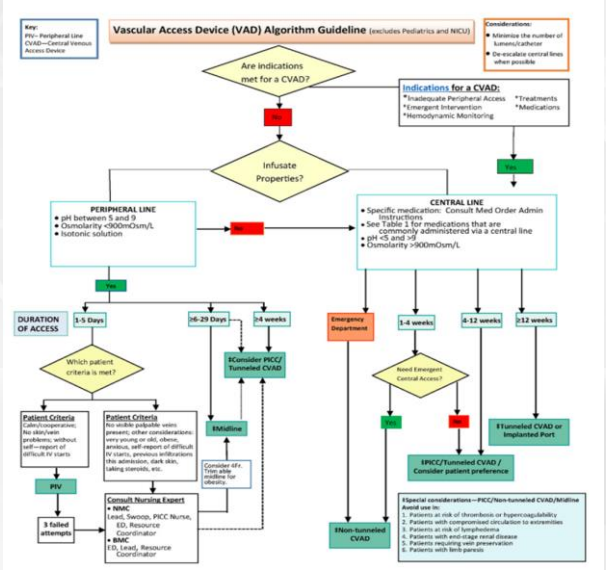
Vascular Access-Indication for Line Use



Cawcutt, Hankins, Micheels, Rupp. Optimizing Vascular Access Device Decision Making in the Era of Midline Catheters. Infection Control & Hospital Epidemiology , Volume 40 , Issue 6 , June 2019 , pp. 674 – 680
DOI: https://doi.org/10.1017/ice.2019.49

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Vascular Access Device- Insertion

Central Venous Catheter Observation

Instructions: *Observe patie*

Insertion Bundle	PATIENT #1	PATIENT #2
Type of line (circle)	(PICC, RIJ, LIJ, Rt SVC, Lt SVC, Rt fem, Lt fem, Port, HD catheter)	(PICC, RIJ, LIJ, Rt SVC, Lt SVC, Rt fem, Lt fem, Port, HD catheter)
Perform a time-out using consent form	□Yes □No	□Yes □No
Hand hygiene before donning gloves	□Yes □No	□Yes □No
Wear caps, masks, sterile gown/gloves, and eye protection if in contact with or crossing the sterile field at any time during the procedure. (All others entering the room wear cap and mask)	□Yes □No	□Yes □No
Site prepped with CHG	□Yes □No	□Yes □No
Patient draped head-to-toe w/ sterile drape	□Yes □No	□Yes □No
Catheter pre-flushed and clamped	□Yes □No	□Yes □No
Patient in Trendelenburg position unless contraindicated	□Yes □No	□Yes □No
Sterile field maintained	□Yes □No	□Yes □No
Guidewire is grasped throughout procedure and removed post procedure	□Yes □No	□Yes □No
Blood is aspirated from each lumen; sterile caps are flushed and applied	□Yes □No	□Yes □No
Venous placement is ensured (e.g. use of ultrasound)	□Yes □No	□Yes □No
Site is cleaned with CHG	□Yes □No	□Yes □No
Sterile dressing and caps are applied	□Yes □No	□Yes □No
	# correct practices ____ (yes)	# of observations _____

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Vascular Access Device Maintenance

Central Venous Catheter Observation

Instructions: *Observe patient central line dressings and each practice. Then record the observation*

Unit: _____ **Observer:** _____ **Date:** _____

Maintenance Bundle	PATIENT #1	PATIENT #2	PATIENT #3	PATIENT #4
Type of line (circle)	(PICC, RIJ, LIJ, Rt SVC, Lt SVC, Rt fem, Lt fem, Port, HD catheter)	(PICC, RIJ, LIJ, Rt SVC, Lt SVC, Rt fem, Lt fem, Port, HD catheter)	(PICC, RIJ, LIJ, Rt SVC, Lt SVC, Rt fem, Lt fem, Port, HD catheter)	(PICC, RIJ, LIJ, Rt SVC, Lt SVC, Rt fem, Lt fem, Port, HD catheter)
OBSERVATION: DRESSING				
Dressing adhesive intact over catheter insertion site and drainage contained	Line 1 □Yes □No Line 2 □Yes □No	Line 1 □Yes □No Line 2 □Yes □No	Line 1 □Yes □No Line 2 □Yes □No	Line 1 □Yes □No Line 2 □Yes □No
Labeled with date/time/initial	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Changed or new in the last 7 days	□Yes □No	□Yes □No	□Yes □No	□Yes □No
CHG placement is correct	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Catheter is secured to reduce movement or tension	□Yes □No	□Yes □No	□Yes □No	□Yes □No
OBSERVATION: ADMINISTRATION SET				
Date/time sticker present	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Inactive port(s) capped	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Connector, injection port cleaned before accessing catheter (CHG or 70% alcohol)	□Yes □No	□Yes □No	□Yes □No	□Yes □No
OBSERVATION: HANDS/PPE				
Hand hygiene conducted and gloves applied prior to performing procedure or assessment	□Yes □No	□Yes □No	□Yes □No	□Yes □No
DOCUMENTATION				
CHG bathing daily	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Site assessment each shift	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Reason for continuing line is documented & meets criteria	□Yes □No	□Yes □No	□Yes □No	□Yes □No
	# correct practices ____ (yes)	# of observations _____	Adherence % (total # correct practices ÷ total # of observations)	

Policy for Tubing Change:	Policy for Needleless Connector Change:	Policy for Dressing Change:
• Standard: No more frequent than q 96 hr or if contaminated • Intermittent: q 24 hours • TPN/Lipids: q 24 hours, Propofol q12 hr	• With standard tubing change • When drawing blood cultures • Blood cannot be cleared from connector/damaged	• Every 7 days & PRN loose or soiled • Port needle changed q 7 days

Unit: _____ **Observer:** _____ **Date:** _____

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Follow-up questions

Date/time sticker present	□Yes □No	□Yes □No	□Yes □No
Inactive port(s) capped	□Yes □No	□Yes □No	□Yes □No
Connector, injection port cleaned before accessing catheter (CHG or 70% alcohol)	□Yes □No	□Yes □No	□Yes □No
OBSERVATION: HANDS/PPE			
Hand hygiene conducted and gloves applied prior to performing procedure or assessment	□Yes □No	□Yes □No	□Yes □No
DOCUMENTATION			
CHG bathing daily	□Yes □No	□Yes □No	□Yes □No
Site assessment each shift	□Yes □No	□Yes □No	□Yes □No
Reason for continuing line is documented & meets criteria	□Yes □No	□Yes □No	□Yes □No
	# correct practices ____ (yes)	# of observations _____	Adherence % observations

Policy for Tubing Change: • Standard: No more frequent than q 96 hr or if contaminated • Intermittent: q 24 hours • TPN/Lipids: q 24 hours, Propofol q12 hr	**Policy for Needleless Connector Change:** • With standard tubing change • When drawing blood cultures • Blood cannot be cleared from connector/damaged	Poli

Unit: _____ **Observer:** _____ **Date:** _____

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Urinary Catheter- Insertion

Indwelling Urinary Catheter Observation

Instructions: *Observe patient urinary catheter. Observe & record each practice.*

Catheter Insertion	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5	Comments
OBSERVATION						
Hand hygiene performed before and after insertion	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Catheter placed using aseptic technique and sterile equipment	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Perineum prepared per policy	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Catheter secured properly after insertion	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Bag labeled with date of insertion	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Aseptic technique used for specimen collection	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
DOCUMENTAITON						
Need for catheter is appropriate	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
	# correct practices ____ (yes)			# of observations _____		Adherence % _____(total # correct practices ÷ total # of observations)

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Urinary Catheter- Maintenance

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Indwelling Urinary Catheter Observation

Instructions: *Observe patient urinary catheter. Observe & record each practice.*

Unit: _____ **Observer:** _____ **Date:** _____

Catheter Maintenance	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5	Comments
OBSERVATION						
Tamper-evidence seal present	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Catheter secured to the patient no traction on the catheter	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Unobstructed flow of urine from patient to bag	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Drainage bag below bladder and off the floor	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
No dependent loops in drainage tubing	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Bag labeled with date of insertion	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Hand hygiene before handling the catheter, tubing or bag	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Aseptic technique used for specimen collection	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
DOCUMENTATION						
Need for catheter still appropriate ***TODAY***? Record which number is the indication in list above.	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Perineal care performed per policy	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	
	# correct practices ____			# of observations		Adherence % (total # correct practices

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Urinary Catheter Rounding

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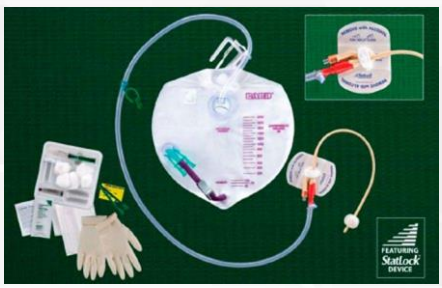

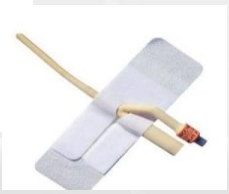

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Mechanical Ventilation- Maintenance

Ventilator Infection Prevention Observation

Instructions: Observe ventilator care for each practice. Then record the observation.

Unit: _____ Observer: _____ Date: _____

Maintenance Bundle	PATIENT #1	PATIENT #2	PATIENT #3	PATIENT #4
OBSERVATION				
Head of bed is positioned at 30-45°	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Oral suction equipment stored in a clean area (not on floor or bed) and is covered	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Supplies that are marked single use are discarded after each use	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Supplies that are approved for multiple use are reprocessed or discarded according to policy	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Oral care with an antiseptic agent is performed per policy	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Hand hygiene is performed, and gloves are donned before providing care	□Yes □No	□Yes □No	□Yes □No	□Yes □No
After care, gloves are removed, and hand hygiene is performed before next task.	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Sterile water is used to rinse reusable respiratory equipment	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Condensate in the ventilatory circuit is removed AND tubing is below the mouth	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Intubation kits are appropriately stored in a clean area	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Clean and dirty respiratory equipment are stored in separate areas	□Yes □No	□Yes □No	□Yes □No	□Yes □No
DOCUMENTATION (Nursing and RC)				
Daily evaluation of readiness to extubate, pain-control, and maintenance of mechanical ventilation system	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Spontaneous breathing and/or awakening trials were performed	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Subglottic suction per policy	□Yes □No	□Yes □No	□Yes □No	□Yes □No
Oral care and trach/ETT care per policy	□Yes □No	□Yes □No	□Yes □No	□Yes □No
	# correct practices ____ (yes)	# of observations ____	Adherence % _____(total # correct practices ÷ total # of observations)	

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Importance of IP Process Rounds

Purpose: Improve healthcare outcomes through the identification, prevention and mitigation of patient and staff harm[8]

Focused Rounding:

- Cleaning, disinfection, transport & storage
- Medical device reprocessing
- Transmission-based precautions/PPE practices
- Hand hygiene practices

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Assessing Practice & Processes [7]

Infection Preventionists have unique insight to assess workflow and processes

Application of ….

- Scientific knowledge to practice
- Regulations, standards and policy to workflow
- Spaulding Class to the use of medical devices
- Contamination risks to transmission of disease-causing microorganisms
- OSHA Bloodborne Pathogen standard to transporting soiled, reusable devices & instruments

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IP Process Rounds

- Select rounding times to capture unit activity
- Observe unit activity – Unit & Ancillary staff
- Observe movement in & out of rooms
- Observe device & equipment movement
- Observe patient transportation activity

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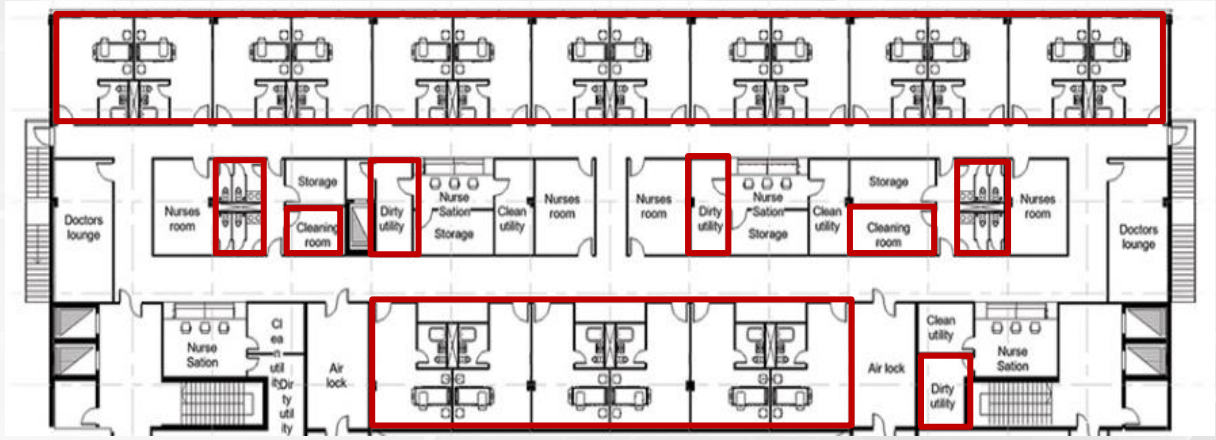
EOC Principles – Clean v. Dirty Space



RED = Dirty Areas

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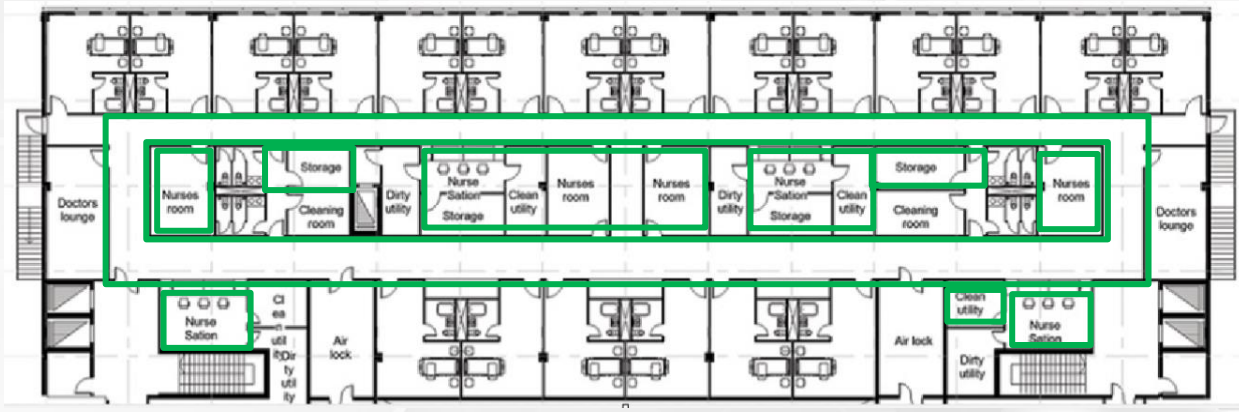
EOC Principles — Clean v. Dirty Space

GREEN = Clean Areas



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Cleaning & Disinfection Background

The Spaulding Classification

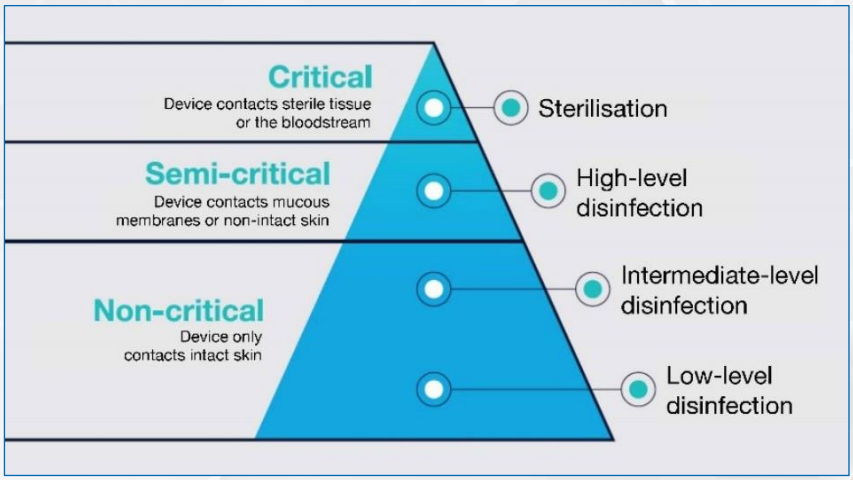

Image Source: https://www.hospitalhealth.com.au/content/clinical-services/sponsored/ultrasound-infection-prevention-workflow-standardisation-unlocking-risk-management-476272533

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Principles of Cleaning & Disinfection[1, 6, 9]

Cleaning
- Removal of soil and organic material from surfaces
- Required before disinfection and sterilization can occur

Disinfection
- Reduction of microorganisms on surfaces due to microbiocidal effect &/or mechanical removal
- Failure to properly disinfect surfaces after cleaning may lead to microbial transmission

Equipment Low Level Disinfection Process:

One Step Method (no visible soil)	Two Step Method (Visible soil)
Don gloves	Don gloves
Use germicidal wipe per IFU • Clean & disinfect all surfaces with wet wipe • Surface remains wet full dwell time, air dry	Use germicidal wipe per IFU • Clean all surfaces, visible soil removed • Disinfect all surfaces with wet wipe • Surface remains wet full dwell time, air dry
Doff gloves, perform hand hygiene	Doff gloves, perform hand hygiene
Transport device to clean storage	Transport device to clean storage

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The Impact of Biofilms[1]

Drain Biofilms

Dry Surface Biofilms

Medical device biofilms

PARAMETERS TO CONSIDER IN INFECTION PREVENTION AND CONTROL

- Microbicidal effect – reducing microbial burden specifically MDRO
- Dec reassign biofilm biomass
- Regrowth

- Microbicidal effect – reducing microbial burden specifically MDRO
- Preventing transfer – ensuring the surface is safe
- Detection

- Elimination of all microorganisms in all the medical device parts following mechanical, enzymatic, chemical processes

CHALLENGES

- Sub-optimal microbicidal activity
- Limited window for interventions
- Sink location and usage
- Rapid regrowth of identical biofilm
- No standard efficacy test protocol in Europe
- Limited number of standard tests in the USA

- Detection
- Effective combination of removal/microbicidal efficacy
- No standard efficacy test protocol

- Detection
- Bacterial regrowth during storage
- Education
- No standard efficacy test protocol

Image source: Maillard, J.Y. & Centeleghe, I. How biofilm changes our understanding of cleaning and disinfection.

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Point of Use Workflow

Inside Patient Room

Supporting healthcare personnel at the point of use

- Easy access to
  - Gloves
  - Germicidal wipes
  - Hand Sanitizer
- Promotes staff compliance when the products they need are
  - Accessible
  - In the right location

Outside Patient Room

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Equipment Storage

How do healthcare personnel know if the equipment is clean and ready for use?

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IP Process Rounds

Describe your typical process to set-up intravascular infusions?

Tell me about the set-up here?

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Standard Precautions

Assessment of Practice

Seek out situations to observe processes

- Hand hygiene
- Environmental cleaning and disinfection
- Appropriate use of PPE
- Injection and medication safety
- Respiratory hygiene
- Reprocessing reusable medical equipment.

Injection Safety Quick Observation Tool

CDC Injection Safety: Observation of Centralized Medication Area 9

Instructions: Observe medication preparation area. For each category, record the observation. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of "Yes"+"No". Disregard not applicable categories.

Medication preparation room: Observation Categories				
1	If multi-dose injectable medications are present, is the medication container maintained in a dedicated medication preparation space?	❑ Yes	❑ No	❑ N/A
2	Is the medication preparation area free of opened single dose vials or opened single use containers?	❑ Yes	❑ No	
3	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	❑ Yes	❑ No	❑ N/A
4	Medications are prepared in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	❑ Yes	❑ No	
5	Are splash guards installed at sinks that are located close to medication prep areas?	❑ Yes	❑ No	
6	Are sinks readily accessible to healthcare providers?	❑ Yes	❑ No	
7	Are hand washing supplies, such as soap, and paper towels, available?	❑ Yes	❑ No	
8	Are alcohol dispensers readily available, filled, and functioning properly?	❑ Yes	❑ No	
TOTAL (Total YES and No Only)				

Observation Tools Library: https://www.cdc.gov/infection-control/php/tools/index.html; https://ipobservationtools.org/observation-tools-library/

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IP Process Rounding

Procedure Carts can …

- Become contaminated
- Be disorganized
- Become a link between clean and dirty
- Become high touch areas
- Harbor microorganisms. Microbes can survive on surfaces for extended periods

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Hand Hygiene Practices

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Location of dedicated hand washing sinks

- Observe hand washing technique.
- Is there adequate soap, towel supply?
- Is the hand washing sink used for other purposes?
- Are clean patient supplies within the splash zone?

Hand Sanitizer locations

- Are there adequate locations?
- Is there adequate supply?
- What is the refill process?
- Is it outdated?

Observe 5 Moments of Hand Hygiene

- Seek 'in room' opportunities
- After doffing gloves

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Transmission-Based Precautions

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Assessment of Practice

Monitor performance of persons entering & exiting the patient's room

- Observe Donning & Doffing practices
- Appropriate use of PPE?
- Is hand hygiene performed appropriately?
- Who restocks PPE? How often is it restocked?
- Is equipment cleaning & disinfection adequate?

Are patients transported 'clean' through corridors (no contamination risks)?

- No PPE worn in corridors & clean spaces
- Patient walking? In wheelchair? In bed?
- How is transport equipment disinfected prior to leaving room?

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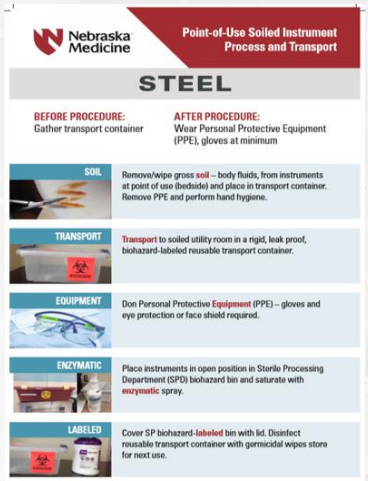
Infographics

Biohazard Transport



Disinfectant Wipe Technique

Hand Sanitizer Technique

Images courtesy of Nebraska Medicine, Omaha, NE

Resource: https://ipobservationtools.org/observation-tools-library/

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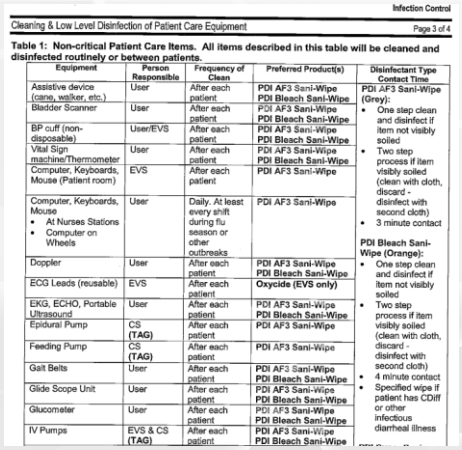
Measuring Cleanliness

Methods to audit manual cleaning & disinfection

ATP (Adenosine Triphosphate)

Fluorescent gel



Infection Control

Cleaning & Low Level Disinfection of Patient Care Equipment — Page 3 of 4

Table 1: Non-critical Patient Care Items. All items described in this table will be cleaned and disinfected routinely or between patients.

Equipment	Person Responsible	Frequency of Clean	Preferred Product(s)	Disinfectant Type Contact Time
Assistive device (cane, walker, etc.)	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	PDI AF3 Sani-Wipe (Grey): • One step clean and disinfect if item not visibly soiled • Two step process if item visibly soiled (clean with cloth, discard - disinfect with second cloth) • 3 minute contact PDI Bleach Sani-Wipe (Orange): • One step clean and disinfect if item not visibly soiled • Two step process if item visibly soiled (clean with cloth, discard - disinfect with second cloth) • 4 minute contact • Specified wipe if patient has CDiff or other infectious diarrheal illness
Bladder Scanner	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
BP cuff (non-disposable)	User/EVS	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
Vital Sign machine/Thermometer	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
Computer, Keyboards, Mouse (Patient room)	EVS	After each patient	PDI AF3 Sani-Wipe	
Computer, Keyboards, Mouse • At Nurses Stations • Computer on Wheels	User	Daily. At least every shift during flu season or other outbreaks	PDI AF3 Sani-Wipe	
Doppler	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
ECG Leads (reusable)	EVS	After each patient	Oxycide (EVS only)	
EKG, ECHO, Portable Ultrasound	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
Epidural Pump	CS (TAG)	After each patient	PDI AF3 Sani-Wipe	
Feeding Pump	CS (TAG)	After each patient	PDI AF3 Sani-Wipe	
Gait Belts	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
Glide Scope Unit	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
Glucometer	User	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	
IV Pumps	EVS & CS (TAG)	After each patient	PDI AF3 Sani-Wipe PDI Bleach Sani-Wipe	

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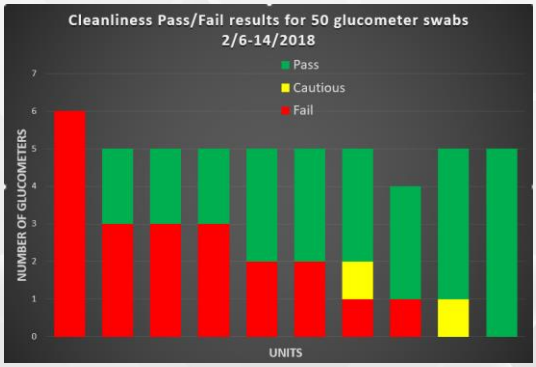
What to do with the information?



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Summary

- Support Frontline Staff
- Patient Safety
- Monitor Compliance
- Identify Gaps
- Provide Feedback
- Process Improvement

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Join us next month for Specialty Department Rounding

October 17th, 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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Questions

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