HOW TO USE QUICK OBSERVATION TOOLS FOR INFECTION PREVENTION SURVEY READINESS PAM WEBB, RN, MPH, CIC INFECTION PREVENTION CONSULTANT PW CONSULTING, LLC

No Conflict of Interests Have done infection prevention consulting work for MT DPHHS, Mountain Pacific Quality Health Foundation, and MHA previously Have presented on infection prevention topics for APIC national conference and state-wide chapters



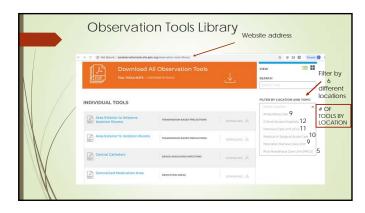
PRESENTATION AGENDA Overview of CDC/APIC development and implementation of Quick Observation Tools (QUOTS) Review QUOTS on APIC website Group Activity: Divide into groups Each group will review one tool set and discuss implementation strategies AND will report out implementation strategies to all attendees Time to answer questions, share reflections and lessons learned!

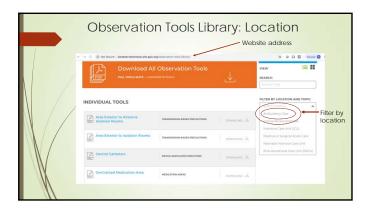
WHAT ARE QUICK OBSERVATIONS TOOLS (QUOTS)? Developed jointly by the CDC and APIC CCC - CENTERS FOR DISEASE CONTROL AND PREVENTION APIC., ASSOCIATION FOR PROFESSIONALS IN INFECTION PREVENTION AND EPIDEMIOLOGY Purpose Support Infection Prevention Program Measures Complement Infection Control Assessment Reports (CAR) Broaden participation of facility staff in Infection Prevention Program Implementation Phase Tested in 4 different facility settings Central Montana Medical Center and Clinic (Critical Access Hospital and Outpatient Clinic) Summit Health - Chamberburg Hospital (Acute care community hospital in Pennsylvania) Vanderbit University Medical Center (Large medical center in Tennessee) Launched in October 2018

Developed based on CMS Infection Prevention Standards Can be very useful for survey readiness when used routinely Anyone can be trained to use the QUOT tools DOES. NOT. HAVE. TO. BE. THE. IP/MANAGERS. WHO. USE. THE. TOOLS!!!!!!

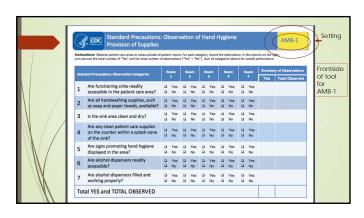










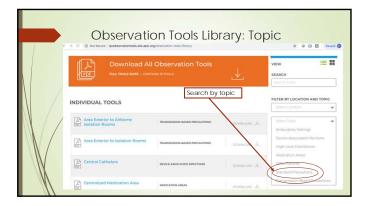


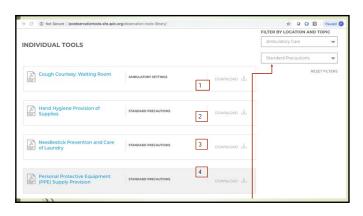
Standard Precautions: Observation of Hand Hygiene Provision of Supplies	AMB-1
Date: Observer Role: Nurse Tech Other Initials: Location/Unit:	Backside of Tool for AMB-1
Notes and comments:	

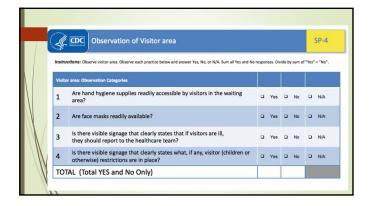
	Ambulatory Care Suite Tools
	Standard Precautions: Observation of Hand Hygiene Provisions of Supplies
	2. Standard Precautions: Observation of Personal Protective Equipment Provisions
	3. Isolation: Observation of Area Exterior to Contact Isolation Rooms
	4. Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms
	5. Standard Precautions: Observation of Needlestick Prevention and Care of Laundry
	6. Injection Safety: Observation of Centralized Medication Area
//	7. Cough Courtesy: Waiting Room
1//	8. Environment of Care: Vaccine Storage Areas
\\ /	9. Injection Safety: Point of Care Testing
11/	Color Coded by topic
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Device: Central Venous Catheter Observation Device: Urinary Catheter Observation Standard Precautions: Observation of Hand Hygiene Provisions of Supplies Standard Precautions: Observation of Personal Protective Equipment Provision Isolation: Observation of Area Exterior to Contact Isolation Rooms Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms Standard Precautions: Observation of Needlestick Prevention and Care of Laundry Injection Safety: Observation of Centralized Medication Area Injection Safety: Observation of Portable Medication Systems (Found in CAH, ICU, Med/Surg) Observation of Visitor Area (*AKA Cough Courtery Wailing Room in Ambulatory Suite Tools) Reprocessing: High Level Disinfection and Liquid Steffizization Process - 'Dirty' Area Using Chemical Soak Method (Found in High Level Disinfection)	Critical Access Hospital Suite Tools
12. Injection of Figh Level Dismitection and Liquid Stemization Process: Clean Area (Found in High Level Dismitection) 13. Injection Safety Print of Care testing (Found in Ambulatory Suite Tools) Yellow highlight not in Ambulatory Tool Suite: Green Highlight Consider using in CAH Tool Suite	2. Device: Urinary Catheter Observation 3. Standard Precautions: Observation of Hand Hygiene Provisions of Supplies 4. Standard Precautions: Observation of Personal Protective Equipment Provision 5. Isolation: Observation of Area Exterior to Contact Isolation Rooms 6. Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms 7. Standard Precautions: Observation of Needlestick Prevention and Care of Laundry 8. Injection Safety: Observation of Portable Medication Area 9. Injection Safety: Observation of Portable Medication Systems Gound in CAH, ICU, Med/Surg) 10. Observation of Visitor Area (TAMA Cough Courtes) Walting Room in Ambulatory Suite Tools 11. Proposessing: High Level Disinfection and Liquid Sterilization Process: "Dirty" Area Using Chemical Soak Method (Found in High Level Disinfection) 12. Improvements High Level Disinfection and Liquid Sterilization Process: Clean Area (Found in High Level Disinfection) 13. Improvements The Process of Cough Area (Found in Ambulatory Suite Tools 14. Injection Safety Pont of Care Textilis (Found in Ambulatory Suite Tools)













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	Dispersation of Hand Regions -	-	Are signe promoting hand hugainst dispressed in the area?	2	- 1			60%	
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				Is the dressing (preferably chlorhesidine glucorate or CHG -based) intact.					
		Central Catheter Observation	. 1	over the catheter insertion site: does the dressing form a seal along all	25%	200%	80%		
	1		- 2	rdges[?	100%	80%	100%		
			- 2	is the divising dated and timed according to facility policy? In the catheter secured to reduce movement or tension?	100%	300%	80%		
			-	In the catheter second to reduce movement or tension? Are the administration tubing sets labeled and within the date range.	100%	100%	80%		
			4	according to facility active?	50%	80%	100%		
			- 5	Are all inactive ports (append according to facility policy?	100%	300%	80%		
	1		1	is the catheter properly secured to the patient?	67%	300%	80%		
		Uninary Catheter: Observation	- 2	is there unobstructed flow from the catheter into the lag?	300%	80%	100%		
			1	is the collection bag below the level of the bladder?	67%	350%	80%		
			- 4	Ave the bag and tubing off of the floor?	100%	80%	100%		
	3.	Ventilator: Observation	- 1	Is the head of the bed elevated >30 degrees?	300%	83%	100%		
			- 2	Is the ventilator tubing free of excessive condensation?	75N	300%	83%		
				Are supplies needed for snal care located at the bedside?	50%	75%	100%		
		Standard Precautions: Observation of Hand Higgiene - Provision of Supplies	- 1	Ave functioning sinks resultly accessible to healthcare providers?	100%	86%	100%		
			3	Are all handweshing supplies, such as soop and paper towels, available?	25%	300%	86%		
			- 3	Ave signs promoting hand hygiene displayed in the area?	60%	80%	100%		
			- 4	Are alcohol-dispensers readily accessible?	300%	80%	100%		
			- 5	Ave alcohol dispensers filled and working properly?	300%	80%	100%		
				Are gloves readily available outside each patient room or any point of		mon.	torn		



Implementation Strategies at Critical Access Hospital - Critical Access Hospital - 25 beds and 400 employees - Pilot project educational kickoff-Presented QUOTs during a Nursing Skills Lab - QUOTs were used by manager, staff nurses, CNAs, ward clerks, phlebotomists and housekeepers - Critical Access Units - Med Surg QUOTS - GI Lab and OR - High Level Disinfection QUOTS

Comments and Follow-up - Critical Access Hospital The facility developed their own QUOTs for the phlebotomy stations in the lab Had a group exercise: "What's my role in Infection Control?" Good engagement from non-nursing personnel Connected dots: staff commented that when paper towels were not available, hand hygiene was less likely

Implementation Strategies at Out Patient Physician Clinic OP Physician Clinic 7 physician offices and 33 staff Pilot project educational kickoff Used Ambulatory Care QuOTS Team Approach with 7 teams Each team selected a random QUOT to review observations in another office Outcomes Positive experience & easy to use QUOTs with minimal time Noticed absence of cough courtesy stations at check-in areas-now corrected Noticed missing and empty alcohol-gel dispensers – now corrected

Implementation Strategies at Acute Care-Community Facility & Large Medical Center - Kickoff through Patient Care Council to gain leadership support - Used Huddles and Just in Time Training to teach staff - Teamwork: 1 IP and 1 Staff member per unit completed card sets together

Project Feedback Feedback: "When IPs and staff find discrepancies, they can make corrections without being perceived as police - it's collegial" "It was educational for management" Hand hygiene supplies had been considered an environmental services issue before OUOTS - changed impression to see as an Infection Prevention issue. Found OUOT tools "easier to use" than the established organizational safety round tool Simple to use Can help in prepping for surveys Can share findings in HAI huddles Some questions not relevant (such as those referring to multi-dose vials)

NOW the FUN Begins: Group Exercise Divide into groups Each group will review one tool set and discuss implementation strategies AMD will report out implementation strategies to all attendees Consider: Who will be on your implementation team? How would you get Leadership Support? When will you begin your education campaign? How would you educate staff on how to use the tools? How would you collect your data? What do you expect to see from your data? When would you like to see implementation plan begin?

	The FUN Continues: Report Out Your Implementation Plan • Report out in any fashion that you would like!	
	Questions, Reflections, Lessons Learned	



What is one thing that you will use from this session by the end of September?

How do you plan to use the information learned from this session?