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Infection Prevention & Control Rounding for Sustained Compliance

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Patients First. *Always.*

Infection Prevention & Control (IPC) Rounding

WHAT IS IPC ROUNDING?

A process to systematically assess adherence to evidence-based facility protocols targeting the prevention of healthcare-associated infections

WHY IS ROUNDING IMPORTANT?

- It determines the existing baseline in the environment (or staff performance with adopted protocols)
- It keeps facilities laser-focused on survey-ready compliance with regulatory requirements and accreditation standards

Infection Prevention & Control (IPC) Rounding

WHO SHOULD BE INVOLVED?

- Infection Preventionists
- Staff from all areas

WHEN SHOULD YOU ROUND?

- Daily/weekly rounding (small increments) is IDEAL
- Monthly/quarterly comprehensive rounds

HOW LONG SHOULD YOU SCHEDULE?

- 15-30 minutes for targeted observations
- 60-90 minutes for comprehensive rounding on the entire facility

The Infection Preventionist's Role

COACH TOWARDS COMPLIANCE

(a.k.a. "Learn and Liaise")

- Observe the environment and staff practice
- Gain insights into knowledge deficits, staffing issues, equipment needs, and process problems
- Provide an appropriate level of coaching (e.g., just-in-time correction, additional training for one individual, retraining at the department level)
- Engagement with staff to problem-solve
- Communicate issues with leadership

Evaluating Key IPC Components

Assess adherence to facility protocols targeting the prevention of healthcare-associated infections

- Hand Hygiene
- Environmental Management
- Injection & Medication Safety
- Appropriate PPE Usage
- Reprocessing Reusable Devices & Equipment

"Look up, down, and all around."

Key Component

HAND HYGIENE (HH)

- As many as 10-70 HH opportunities per hour
- HH Compliance improves when alcohol-based hand rubs are available throughout the facility
  - Before & after patient contact
  - Before aseptic tasks
  - After touching a patient's immediate environment
  - After contact with blood, body fluids, or contaminated surfaces
  - After glove removal
- Fingernails – what do your adopted IC guidelines say?

What is your facility's average HH compliance rate?

Key Component

ENVIRONMENTAL MANAGEMENT

- EPA-approved disinfectants used per IFU (e.g., contact time)
- Surfaces are intact (e.g., walls, mattress pads, positioning devices) for effective cleaning
- OR/Procedure Rooms are cleaned per protocol
  - Dust and pest-free
  - Terminal cleaning adequate (if not, observe staff or contractors)
- Sharps containers at the area of use & secured from access
- Clean & dirty linens stored separately

Key Component

ENVIRONMENTAL MANAGEMENT

- Sterile storage considerations per adopted IPC guidelines
  - In the OR, contained in cabinets/drawers to avoid contamination
  - Off the floor and away from windows and water sources
  - No corrugated cardboard boxes
  - Organized to reduce damage to packages
- Manufacturer’s expiration dates are followed for sterile packaging
- Single-use devices/patient care supplies are not reused

Environmental Management Issues

- Sharps containers overflowing
- Broken down surfaces preventing adequate disinfection
- Anesthesia station not cleaned adequately
- Areas behind equipment not being cleaned
- Single-use packages found opened
- Supplies stored in corrugated cardboard

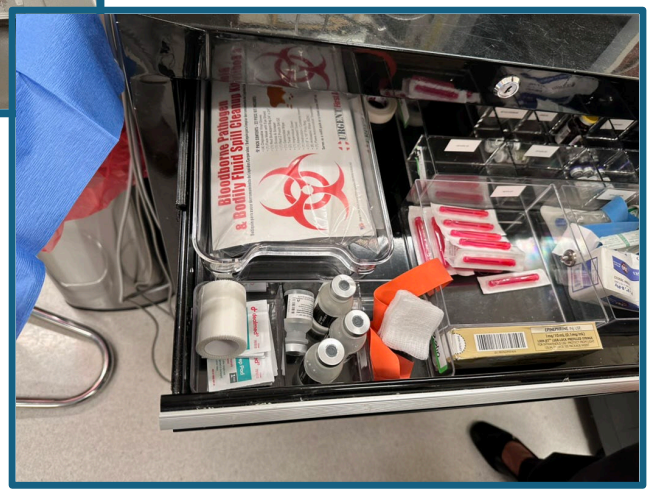
Key Component

INJECTION & MEDICATION SAFETY

- Dedicated clean medication preparation area (not adjacent to water sources)
- Process for regularly checking expiration dates
- Single-dose vials (SDV) preferred; discard SDV after use on one patient
- Multi-dose vials stored/accessed in neutral areas, labeled, discarded after 28 days or when expired by the manufacturer's expiration date
- Follow aseptic technique during preparation & administration
  - Disinfect medication vials and access ports before use
  - IV site preparation with 2% chlorhexidine or alcohol for 30 sec, let dry
  - Appropriate glove usage

Injection & Medication Safety Issues

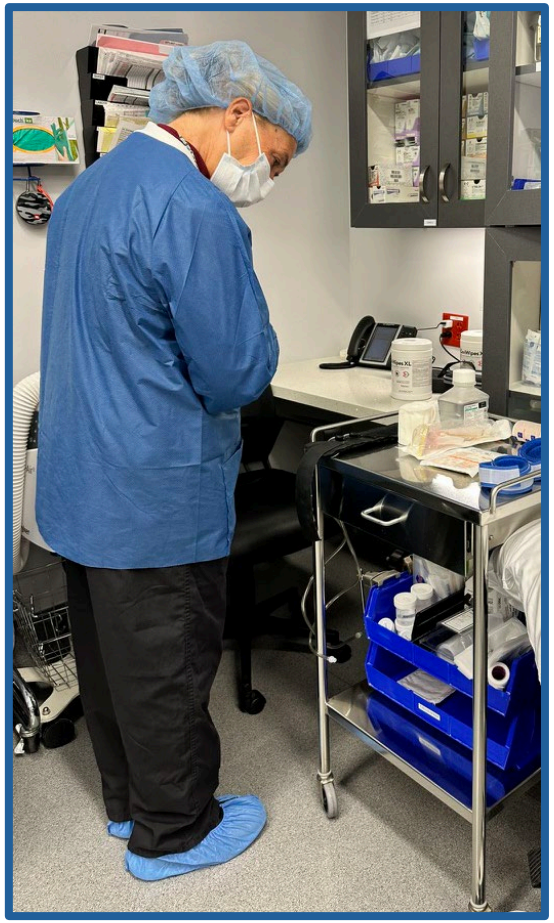
- Unlabeled Pre-Drawn Medications
- Not Cleaning Medication Vials or Ports With Alcohol
- Single-Dose Vials Being Reused
- Opened Multi-Dose Vials in Immediate Treatment Areas
- Expired Medications



Key Component

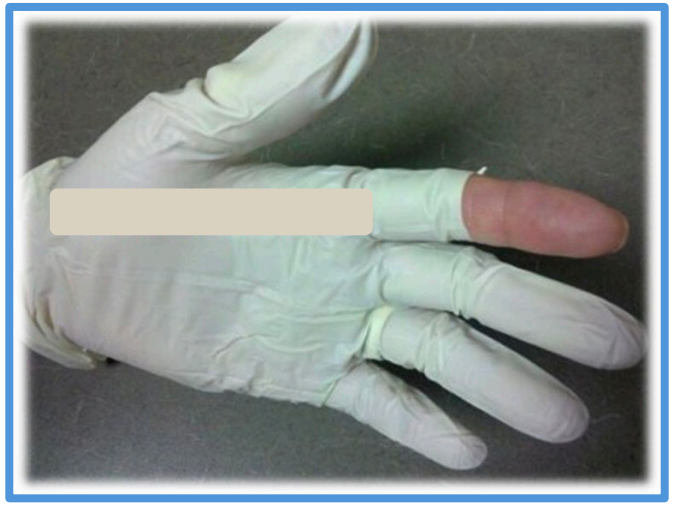
APPROPRIATE PPE USAGE

- PPE use is consistent with those assigned by tasks
- Masks/gloves are worn appropriately
- PPE is discarded upon completing tasks
- New PPE for every new patient
- PPE is accessible



PPE Usage Issues

- No use of eye protection when splashes are possible
- Not using gloves during patient care
- Walking around the facility with gloves on
- Shoe covers are not removed when contaminated with blood



Key Component

REPROCESSING REUSABLE DEVICES & EQUIPMENT

- Clean and reprocess (disinfect or sterilize) reusable medical equipment and devices in between patient use or when visibly soiled
  - Stretchers & OR tables
  - Point-of-care testing equipment
  - Monitoring supplies (BP cuffs, oximeter probes, thermometers)
  - Surgical instruments & endoscopes
- Staff following the manufacturer's validated instructions for use (IFU)
- Separation of clean & soiled equipment to prevent cross-contamination

Reprocessing Reusable Device Issues

- Reprocessing devices that are designated as single-use
- Not following the manufacturer's IFU for reprocessing
  - Instruments in the closed position
  - Peel-pouches are not sealed effectively
  - Inappropriate sterilizer settings for the device or type of containment
  - Not following the intricate instructions for reprocessing flexible endoscopes
  - Not testing the minimum effective concentration for disinfectant solutions

Strategies for Successful IPC Rounding

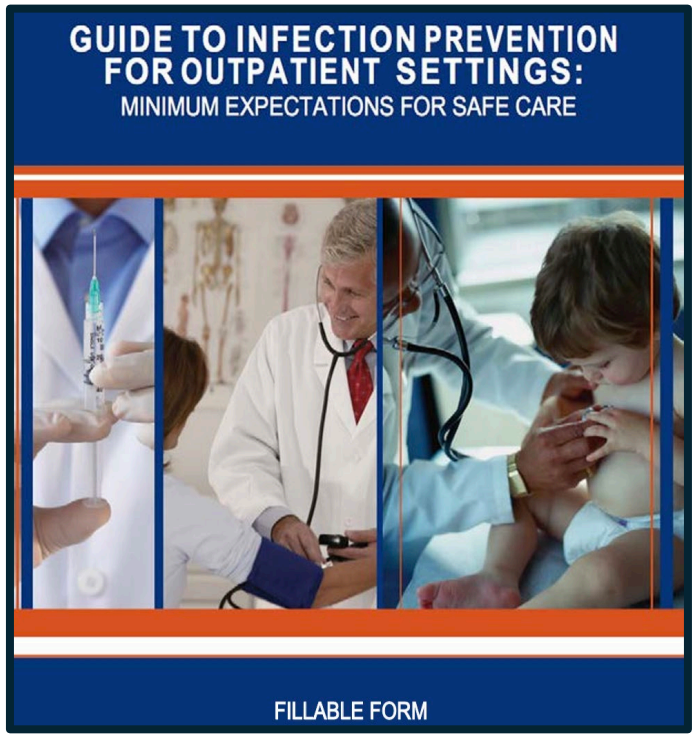
- Activities should be built into the IP's schedule, yet the times and staff observed for targeted rounding should be varied
- Shoot for unobtrusive observation; interrupt only for just-in-time education when vital to safety
- Plan time to discuss non-compliance with staff; use respectful exploration:
  - What do you see as the problem?
  - What do you think is the solution?
  - Get input on additional resources needed

Documenting Results

- Use a standardized tool or checklist
- Clear/objective indicators
- Easily answered YES or NO
- Notes from staff engagement
- Action items
  - Immediately address high-risk safety concerns
  - Quickly address “low-hanging fruit”
    - Storage issues
    - Expired supplies
    - Areas needing cleaning

CDC Tool for IPC Rounding

CDC GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS: CHECKLIST



Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle. Any device that fails the leak test is removed from clinical use and repaired.	Yes No Other N/A	

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XIII. High-Level Disinfection of Reusable Devices *(continued)*

Elements to be assessed	Assessment	Notes/Areas for Improvement
B. Devices are thoroughly cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection. *Note: Cleaning may be manual (i.e., using friction) and/or mechanical (e.g., with ultrasonic cleaners, washer-disinfector, washer-sterilizers). Ensure appropriately sized cleaning brushes are selected for cleaning device channels and lumens.*	Yes No Other N/A	
C. Cleaning is performed as soon as practical after use (e.g., at the point of use) to prevent soiled materials from becoming dried onto instruments.	Yes No Other N/A	
D. Enzymatic cleaner or detergent is used and discarded according to manufacturer instructions (typically after each use).	Yes No Other N/A	
E. Cleaning brushes are disposable or, if reusable, cleaned and high-level disinfected or sterilized (per manufacturer instructions) after use.	Yes No Other N/A	

Corrective Action

- Identify common factors or patterns
- Targeted coaching/monitoring for isolated performance issues
  - Report sustained staff performance issues to management
- Conduct further investigation when patterns are detected
  - Interview staff about any recent changes (e.g., volume of cases increased, new equipment in use)
  - Observe problematic areas more frequently
- When indicated, initiate a performance improvement project
  - Monitor until sustained compliance is achieved

Communicating Costly Corrective Action

- *Engage leadership early on when expenditures are necessary to correct an ongoing issue*
- For example:
  - Additional staffing is required to meet demands
  - Updated guidelines will require additional equipment
  - ↑ Volume of procedures will require additional purchases

Communicating (continued)

- Prepare a report (with an action plan) for the IPC Committee
- Report relevant findings/data to the Quality Committee
  - Performance improvement (PI) projects
    - Leadership commitment for prolonged PI projects
    - Governing body involvement for resource acquisition
- Celebrate performance successes
  - Staff meetings
  - Communication boards

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