



## STRATEGIES FOR BUILDING BEST PRACTICES– INFECTION CONTROL 2009

*“The Centers for Disease Control and Prevention estimates that 1 of every 10-20 patients hospitalized in the United States develops a healthcare-associated infection (HAI).”<sup>1</sup>*

As evidenced by the new safety goals, media, agency and governmental focus for 2009, Infection Prevention and Control have emerged as a national priority. The Joint Commission has chosen to initiate this imperative of prevention and control with three new safety goals. Each goal encompasses detailed requirements aimed at the infection prevention strategies for multidrug resistant organism infections, central venous catheter line associated bloodstream infections and surgical site infections. Hand hygiene, contact precautions and cleaning and disinfecting patient care equipment and the patient’s environment are essential strategies for preventing the spread of healthcare associated infections.

Notably all preventive strategies for NPSG.07.03.01, 07.04.01 & 07.05.01 include at minimum:

- periodic risk assessment for acquisition and transmission;
- **preventative strategy education for staff and licensed independent practitioner at time of hire, annually thereafter and when procedures are added to a staff’s responsibilities;**
- **patient and family education for prevention;**
- use of evidence based standards (Centers for Disease Control and Preventions [CDC] or professional organization guidelines);
- rate data and outcome measure data provided to key stakeholders (leaders/ LIPs/ nursing & other clinicians);
- standardize checklist/ protocols for site/device cleaning/ supplies; and
- cleaning and disinfecting all patient care equipment/ patient environment<sup>2</sup>.

Inherent in all prevention strategies, we must not underestimate the power of **Hand Hygiene and Contact Precautions!** Objective secret surveyors will help you validate your unit’s level of hand hygiene compliance. During environmental rounds, review all patient care areas for potential risk of transmitting infection and place waterless hand gels in accessible locations especially when entering and leaving a patient room. Provide staff education relating to the Hand Hygiene recommendations 1A, 1B and 1C of the CDC or those of the World Health Organization and don’t forget about the medical staff. In addition to the infection control specific patient safety goals, there is yet another safety goal for the



encouragement of patient involvement in their care. This safety goal requires the organization to provide the patient with information pertaining to infection control measures. Have a discussion with the patient and family, evaluate understanding and document (NPSG.13.01.01)<sup>3</sup>. Hand Hygiene reminder posters for staff, physicians, patient and family are always helpful.

Please note healthcare associated infection strategy education is now specifically required to be provided to patients and families at the time of admission and to all staff and LIPs at the time of hire and annually thereafter. IC.02.01.01 EP7 The hospital implements its methods to communicate responsibilities for preventing and controlling infection to all staff, visitors, patients and families.<sup>4</sup>

Ensure there are bold, clear and colorful laminated room signs for patients on **contact isolation** and personal protective equipment (PPE) located at doorways and readily available. Patients on contact precautions should have dedicated patient equipment, e.g. stethoscope, thermometer, and blood pressure cuff. There must also be a clear method for identifying patients leaving the unit on contact precautions, and this method must be communicated to all staff. This information needs to be included in handoff communication for transporters and receiving units as well. Provide education relating to contact precautions to family based upon type and reason for precautions, and don't forget to document such on the Plan of Care and Patient Education Record. You would be very interested in knowing how many staff members cannot clearly articulate the principles and process for contact precautions, especially staff outside the patient care units. Do not make assumptions. Great idea for staff conference!

To assist further with the reduction of patient infections which are hospital associated, you must ensure that the cleaning and disinfection of medical equipment, devices and supplies are implemented in a consistent manner on each patient care unit at all times. Some organizations have: (i) developed a matrix cleaning grid which clearly identifies any minor moveable and stationary patient care unit equipment and supplies; (ii) assigned a responsible party; (iii) identified an appropriate cleaning agent; and (iv) determined the frequency of cleaning. Laminate this grid and post in staff areas for reference. This clear level of staff responsibility has proven to be a valuable asset for accountability.

Ensure all products utilized for cleaning and disinfecting equipment are EPA certified and approved by the Infection Control Committee. Staff should follow specific manufacturers' recommendations for cleaning and contact time and be able to speak to processes. Remember to obtain, retain and keep easily accessible MSDS sheets for all cleaning chemicals and products utilized on a specific patient care unit.



Sterilizing medical equipment, devices and supplies must also follow manufacturers' recommendations for products and sterilization time. All sterilizers must be periodically inspected and maintained, and you should ensure that supporting documentation is available.

Education relating to the cleaning of patient care areas properly must be provided to housekeeping staff and their competencies must be evaluated. The educational content should be reviewed by your Infection Control Practitioner to ensure all prevention strategies are included in processes. You will be the best judge of this service and information should be provided to the housekeeping manager or outside vendor. Call attention to high areas over equipment and low areas of moveable equipment bases (great harbor for airborne organisms to land on).

EDUCATION, EDUCATION, EDUCATION

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#### **REFERENCES**

- <sup>1</sup> Center for Disease Control. Morbidity and Mortality Review October 2002 "Guidelines for Hand Hygiene in Healthcare Settings."
- <sup>2</sup> The Joint Commission, 2009, Hospital Accreditation Standards, Goal 7, Reduce the Risk of Healthcare Associated Infections, p 233-238.
- <sup>3</sup> The Joint Commission, 2009, Hospital Accreditation Standards, Goal 13, Encourage Patients Active Involvement in Their Own Care as a Patient Safety Strategy, p 242-243.
- <sup>4</sup> The Joint Commission, 2009, Hospital Accreditation Standards, Infection control, IC.02.02.02, EP7, p. 84.