

Infection Prevention



Hand Hygiene

- Most effective way to prevent infections
- Perform according to the 5 Moments: **UPON ENTRY** of patient zone and before touching patient, **BEFORE** clean or aseptic procedures, **AFTER** body fluid exposure, **UPON EXIT** from patient zone, **UPON EXIT** regardless if contact with the patient or environment occurred
- Use soap and water upon exit from C DIFF and Norovirus patient rooms and when hands are visibly soiled

Isolation Precautions

- Follow directions on Isolation signs
- Read signs to know which PPE to wear when entering the room



Medical Equipment

- Clean stethoscopes and other equipment between patients
- Use approved disinfectant cloths and wipe all surfaces and allowing to air dry per manufacturer instruction (on labels)

Central Line Maintenance

- Perform HH immediately before touching the CL
- Prior to access, scrub the hub for 15 seconds and allow to dry for 5 seconds
- Daily assessments for continued need
- Provide patient education

Prevent Catheter-Associated UTI

- Only insert catheters for appropriate indications
- Perineal care immediately prior to insertion
- Perform HH immediately before insertion
- Insert using aseptic technique and sterile equipment
- Maintain closed drainage system without dependent loops
- Catheter care daily and as needed
- Daily assessments for continued need
- Provide patient education

Culture of Patient Safety

IU Health AHC conducts a Culture of Safety survey to identify cultural strengths and weaknesses by measuring employee perceptions about the effectiveness of current practices.

Our Opportunities

- Handoffs and transitions
- Management support for patient safety
- Teamwork across units
- Feedback and communication of errors

Patient Rights

- All patients receive a copy of their rights as a patient in their Admission Packet given when they register
- If asked to provide a copy by the patient, go to the Team Portal → Work Toolbox → Patient Registration
- Follow up with patient and/or family to obtain copy of advance directive if appropriate
- Reference the Interpreter Use policy if needed to obtain an interpreter for your patient

Patient Safety and Quality

- Incident reports can be filed on the Team Portal (right side under Favorites)
- Discuss incidents with department Manager, Director, Risk, or Director of Quality/Safety
- Caregivers have the right to report a patient safety concern to the ISDH or TJC without fear of repercussion
- Leaders welcome feedback regarding concerns and encourage staff to speak up
- Patients wanting to report a concern should be directed to unit Supervisor, Manager, Director, the Patient Advocate or the AA on-call
- The Patient Advocate has contact information for the ISDH and TJC if patients wish to report to an external agency

Medication Safety

- Only authorized personnel, based on their job function, may have access to medication storage areas
- If two medications with similar indications are not clearly defined in the order, the nurse must be able to articulate which dose (1 or 2 tabs) based on indication is selected. If unclear, provider clarification is needed
- Caregivers must assess and document patient response after pain medication given
- Do not leave medications unsecured (on counter, in your pocket, on computers or drawers)
- Multi-dose vials must be dated when opened and discarded after 28 days

RVVO/RVTO

- **RVVO**—Write the order, then Read Back and Verify Verbal Order with the practitioner. Clarify with the practitioner, “Are you going to enter the order in the EMR?”
- **RVTO**—Read Back and Verify Telephone Order with the practitioner. You must enter into the EMR while the practitioner is still on the phone to address system alerts. Clarify with the practitioner, “Are there changes related to the alerts?”

Critical Labs

- Reported to provider within 30 minutes of receipt
- Use Significant Events to document notification of provider and follow-up actions

Disaster Codes

Disaster Alert | Abduction Alert
Behavior Alert | Elopement Alert
Active /Threat Shooter Alert | Fire Alert

Regulatory Readiness

Quick Reference Guide

2019

The IU Health Way

Achieving our vision

Living our values

Delivering our promise

Mission

We are guided by our mission to improve the health of our patients and community through innovation and excellence in care, education, research and service.

Values

Excellence—We do our best at all times and in new ways

Purpose—We work to do good in the lives of all others

Compassion—We treat all people with respect, kindness and empathy

Team—We count on and care for each other



Indiana University Health



The Joint Commission

TJC is an independent, not-for-profit dedicated to improving the safety and quality of healthcare. It is about the **patient** and that care is provided safely **every patient, every time**. TJC accredits and certifies more than 21,000 healthcare organizations/programs in the US.

How will the survey be conducted?

- Multiple surveyors on-site
- Look at the environment and delivery of care
- Follow the patient’s experience of care—could be multiple departments or single service

What should I say when the surveyor arrives?

- Be welcoming, smile and say hello
- Tell them your name and role
- If leaving patient care to talk with a surveyor be sure to give a safe hand-off
- Answer only the question that is asked!
- Be confident in your response. Don’t use “usually” or “most of time.” It makes us look inconsistent

Department Preparations

- Tidy up central areas (work stations) to present a positive image
- **Remove food and drink from areas not designated as staff lounges areas**
- Remove clutter from hallways—code carts, isolation carts and items being used allowed
- As always, surveyors watch HAND HYGIENE
- Update care plans at least every 24 hours
 - Individualized
 - Include: fall risk, isolation, pain and restraints as applicable to patient
- Talk about unit initiative to improve care and safety. Use MDI boards to display outcomes
- Staff need to know how to **verify privileges of physicians**: Team Portal →Work Toolbox →Medical Staff Services

Patient Consents

- Patient must be 18 years old or legally emancipated to provide consent. If patient is unable to consent, the may consent: healthcare representative, legal guardian, spouse, adult sibling, adult child or parent.
- Verify each patient has a general consent to treat. Consent must be signed, dated and timed
- Prior to blood transfusions, verify patient has a blood transfusion consent in their chart
- Informed consent must be given by physician for all invasive procedures, including bedside procedures (i.e. central lines, chest tubes)

Universal Protocol

- Applies to any procedure performed anywhere in the hospital
- The entire team must participate in a series of “time outs” and this process must be documented in the medical record per department standard
- An effective time out to prevent wrong site surgery includes:
 - Pre-procedure patient verification
 - Pre-procedure marking of site including laterality when possible
 - All activities STOP and EVERY team member focuses on time out process
- Prior to anesthesia, an immediate patient reassessment must occur and be documented
- For emergent procedures, the UP checklist may not be completed. Documentation in the EMR demonstrating emergent need and supporting the decision is required.
- For bedside procedures complete the Universal Protocol form and the BEDSIDE consent form must be completed

Restraints

- Orders can be initiated by a nurse, however a provider order must be obtained within 4 hours of initiation. No PRN orders!
- Non-violent restraint orders are in effect **per episode**. An episode begins at the time of first application and ends when release criteria is met and restraints removed
- If restraints are removed, for any reason, and then needed again (i.e. reintubation or pulling on other new line) a new restraint order must be obtained
- Monitoring of patient safety, patient comfort and assessment of continuation must be documented every 2 hours while patient is restrained.
- All deaths—regardless of reason—of a patient in restraints must be logged. Report to Risk Management
- If restraints contributed to the patient’s death, contact your manager immediately and notify the AA on call

Suicide Risk Assessment

- If a patient is at risk for suicide, access the Suicide Prevention Toolkit and follow the recommendations to minimize risk in the environment
- Provide 1:1 monitoring per policy

Alarm Safety

- NPSG 6: Reduce the harm associated with clinical alarms.
- At the AHC, RNs, providers, and RTs are responsible for the continuous monitoring and response to alarms
- RNs and providers are responsible for assessing a patient’s clinical status and assuring alarms are individualized to the patient based on clinical judgement. **If alarms differ than call orders, call provider and obtain order to revise call orders.**

Environment of Care

- Safety Data Sheets (SDS) sheets are on the IU Health Team Portal—bottom of home page under Team Member Tools
- Do not prop open doors
- Fire Response Procedures:
 - RACE
 - PASS
 - Evacuate beyond fire/smoke barrier doors if needed
 - Oxygen Shutoff—know location of valves and rooms served, charge nurse responsibility, only to control fire.
- Oxygen Storage
 - 12 cylinders per smoke compartment (unless in dedicated rated room)
 - Must be secured and segregated: Full vs. Partial vs. Empty
- Make sure code cart checks are complete. Only keep 1 week on clipboard and know where past forms are stored
- Ensure refrigerator logs are up to date. Document corrective actions on temp log if out of range.
- Contact Security (MH 962-8000 or UH 944-8000) to report visitor injury
- Store liquid chemicals below eye-level, preventing possible spills into the eyes
- Be sure to maintain at least 18” between the ceiling and highest stored item. This allows sprinklers to function properly in case of fire
- Keep housekeeping closets locked when unattended preventing visitors and children access to chemicals
- All chemicals must be labeled as to contents
- Do not store items in corridors, block fire extinguishers, alarms, or O2 shut off valves
- Report stained ceiling tiles and other building repair items to Facilities (MH 2-8711, UH 4-0995)