

Sustaining Results Over Time: Policy Development & Monitoring Improvements Supplement

Only real improvement results in sustainable change. Sustainability happens when:

- a new practice loses its separate identity and becomes part of regular activities
- desired health benefits are improved and the improvements are maintained over time
- staff maintains “building capacity” that is, they share expertise and provide ongoing support to others

Ways to enhance workplace safety culture:

- Embrace teamwork
- Seek many viewpoints diverse and independent input to prevent harm.

Science of safety:

Measure “safety culture” by assessing attitudes held within the facility.

- How open are health care personnel to discussing safety concerns
- How safe they feel speaking up
- How well they believe they work as a team.

Basic principles of safe design include:

- Standardized work
- Creating independent checks for key processes (i.e. Checklist)
- Learning from mistakes

Safe design principles apply to:

- Technical work (e.g. clinical practice improvements)
- Adaptive work (e.g. teamwork and culture change)

Safe practices improvement:

- Create clear HAI prevention goals
- Discuss the role of all staff in patient safety at staff meetings. All disciplines working in a facility must be included; nurses, physicians and support staff.
- Engage staff to identify defects
 - A clinical event or operational situation that you would not want to happen again
 - Any incident that someone believes caused harm or put a patient at risk for harm
 - Ask staff to identify likely ways patients may be harmed in our facility.
- Partner with senior executives to perform safety rounds monthly.
- Continue to learn from defects:
 - What happened?
 - Why did it happen?
 - What can you do to reduce risk?
 - How will you know risks have been reduced?
- Implement tools for improvement

Environment of Care

Department administrators should collaborate to:

- Ensure there is an appropriate area to reprocess equipment. An area separate from clinical care areas for cleaning, packaging, sterilization and storage of sterile supplies
- Make routine rounds to perform visual inspection and provide feedback to frontline staff
- Ensure staff know and follow contact times for products

Environmental Assessment

Administrators should:

- Tour all areas at least annually and clinical areas twice per year to monitor environmental cleaning processes
- Look for the use of federal Environmental Protection Agency (EPA) approved disinfectants,
 - Identifying that disinfectants are readily available where equipment disinfection is being performed
 - Identify that disinfectants are used per manufacturer's directions i.e. contact time and dilution
- Make sure standard and transmission based precautions are followed as appropriate.
- Confirm regular cleaning and dusting of high and low surfaces
- Ensure that environmental services carts are kept clean and are locked when unattended

Policy Considerations

Policies for Cleaning, Disinfection and Sterilization should:

- Include all surfaces and equipment that can reasonably be expected to be contaminated by bacteria (high touch surfaces)
- Clarify what needs to be cleaned and not necessarily disinfected
- Define responsibility and frequency for cleaning and disinfecting patient care equipment and surfaces
- Describe how cleaned and disinfected items should be labeled for example date and time. Staff should be able to answer question "How do you know whether this item has been cleaned and/or disinfected?"
- Designate how policy compliance will be monitored

Policies for Injection Preparation and Administration should:

- Needles, syringes, lancing devices and medication administration tubing and connectors be required to be used for only one patient
- Injections be required to be prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids or contaminated equipment
- Single dose medication vials, ampules, and bags or bottles of intravenous solution be required to be used for only one patient
- Multi-dose vials be kept in a centralized medication area and do not enter the immediate patient treatment area

Hand Hygiene:

Individual factors that negatively impact hand hygiene compliance:

- Irritation and dryness caused by hand washing agents such as soap and alcohol-based handrub
- Staff thinking around hand hygiene issues, e.g. believing there is a low risk of acquiring infection from patients or disagreement with hand washing requirements.

System factors that negatively impact hand hygiene compliance:

- Facility design issues such as a lack of sinks or sinks that are inconveniently located
- facility supply issues for example a lack of soap and paper towels
- Lack of consequences for NOT performing hand hygiene contributes to poor adherence

Factors to consider when selecting hand hygiene products:

- Efficacy of antiseptic agent,
- Acceptance of product by healthcare personnel, since dryness or irritation of hands is often cited as a reason for non-compliance with hand hygiene regimes consider providing healthcare workers with hand lotions or creams that do not interfere with the effectiveness of antiseptic agents.
- Accessibility of product, ensure an adequate number of hand hygiene areas stocked with soap or antimicrobial soap, paper towels and trash cans.
 - Alcohol Hand Rub Dispenser Systems should be placed at or near appropriate room entrances and in patient rooms in compliance with fire code. Seek assistance from Facilities Engineering or Safety Officer.

Improve hand hygiene adherence:

- Make hand hygiene a facility priority, through encouraging patients and families to remind healthcare workers of hand hygiene
- Monitor adherence to hand hygiene
 - Keep a record of adherence to hand hygiene, e.g. “secret shoppers” or an iscrub app
 - Check volume of alcohol-based hand rub used per 1,000 patient days
 - Monitor adherence to policies on wearing artificial nails
- GIVE FEEDBACK
 - Provide feedback to health care workers individually, by service department, or unit. Comparisons to other units can create healthy competition.

Injection Safety

All facilities should have a clean area separate from clinical care areas designated for medication preparation only.

Sharps Containers should be:

- Secured
- User friendly
- Placed appropriately, not too high, nor directly under a glove box or electrical outlet.
- Replaced regularly, changing when $\frac{3}{4}$ full

Resources:

National Fire Protection Association www.nfpa.org

American Society for Healthcare Engineering: www.ashe.org

Agency for Healthcare Research and Quality CUSP Toolkit <http://www.ahrq.gov/cusptoolkit>

ACIP Vaccine Recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Advisory Committee on Immunization Practices: <http://www.immunize.org/acip/>