Key Tips for Quality Assurance & Infection Prevention

Kylie D. Kaczor MSN-RN, CPHRM
Executive Director

Quality Assurance

• What is Quality Assurance (QA)?
  – Quality Assurance is the process used by organizations to assess and improve processes in relation to patient care, organizational efficiencies and human performance

• Why does QA matter?
  – QA is pivotal to the safety of our patients and the ongoing improvement of our processes, both organizationally and at the human level
  – As stated by the American Organization for Perioperative Nursing (AORN), “Quality assurance cannot be assured, but it can be measured, assessed, and improved.”

Quality Assurance Components

• QA is made up of 2 sub-components:
  – Quality Improvement (QI) - examines processes that need to be improved
  – Performance Improvement (PI) - addresses human performance at the individual, process and organizational level

• Working in conjunction with one another, these two processes are critical to:
  – Patient safety & positive patient outcomes
  – Medicare/Medicaid reimbursement
  – Accreditation with entities such as AAAHC & JCAHO
The Quality Assurance Program

- QA programs must monitor, analyze, and improve performance at the organizational and patient outcome level

- A QA program may look different from one organization to the next, but should strive to maintain an ongoing, data-driven, peer-based program that links peer review, quality improvement activities and risk management in an organized and systematic way.

Quality Assurance Program Components

- Quality Assurance Committee
  - Should work as a team to design an appropriate process
  - Meet regularly (at least quarterly) to assess performance

- Process Design
  - Should be written and well-communicated to staff
  - Should include identification of key indicators for your organization, and organized data collection as indicated
  - Analysis of data collection and current performance
  - Improvement and sustained improvement of performance
  - QA Coordinator – it is important to designate the individual in charge and accountable for monitoring the program once the process has been designed

Data Analysis & Performance Improvement

- Once the QA process is set, organized data collection may commence and process improvement needs identified
  - Data collection via an internal system (adverse event forms, incident forms)
  - Monthly, quarterly, annual tracking and trending
  - QI study identification
  - Process and performance improvement as a result of monitoring, analyzing, studying, and creating educated change!
Infection Prevention: A Key Factor

- Infection prevention and control is a key factor in the QA/QI process
- Infections are not only devastating to patients, but may also be deadly
  - Centers for Disease Control (CDC) estimates that approximately 1 out of every 20 patients will contract an HAI in a hospital setting
  - CDC estimates that nearly 99,000 deaths are attributed to HAIs every year!

Infection Prevention

- Infections are to be tracked, trended, and analyzed as part of any good QA program but prevention is the key to improved patient outcomes
- Prevention includes:
  - Surveillance
    - Tracking, trending, monitoring, reporting
  - Appropriate Staff Behavior
    - Hand hygiene, safe injection practices, OR behavior
  - A Sanitary Environment
    - Environmental cleaning, traffic control, surgical attire,

Staff Behavior: Surveillance

- Surveillance is an essential component of an effective infection prevention program
- All infections should be reported, tracked, trended, investigated, and reported as indicated
- The use of tools:
  - Infection Investigation Tools
  - Monthly Infection Control Assessment Tools
  - Periodic Infection Control Assessment and Evaluation
Staff Behavior: Hand Hygiene

- Hand hygiene!
  - The easiest, most effective way to prevent infections
  - Before and after every patient contact
  - Use of alcohol based hand scrubs is highly effective!
  - Wash with soap and water if hands are visibly soiled and after glove use
  - Any situation involving patient contact should include the appropriate use of gloves

Staff Behavior: Safe Injection Practices

- Safe Injection Practices
  - CDC’s One and Only campaign
    - One syringe, one needle, one patient, one time
  - Spiked IV bags should be used within one hour
  - Use of vent spikes (propofol) and manifolds (apparatuses with multiple ports and stopcocks are prohibited!)
  - Multi-use drugs are appropriate to with multiple patients as long as proper processes are followed
    - Rubber septum vigorously scrubbed with alcohol swab for at least 3 seconds
    - Dated when opened and discarded within 28 days, or per manufacturer recommendations – whichever comes first
    - Not stored or accessed in immediate patient care areas

Staff Behavior: Point of Care Testing

- New, single use, auto-disabling lancet devices used for each patient
- The glucometer should not be used on more than one person unless approved for multi-patient use
- The glucometer should be cleaned before and after every patient use
**Sanitary Environment**

- **Traffic Flow** – limit excess individuals in patient care and restricted areas
- **Environmental Conditions** – Air flow/ filtration system management/ temperature and humidity Logs
- **Surgical Attire** – Individual policy regarding attire / reduce the opportunity for cross contamination
- **Facility Cleaning** – Daily cleaning schedules/ disinfecting surfaces, equipment/ OSHA and CDC guidelines for trash, bio-hazardous waste and linens care
- **Instrument Disinfection and Sterilization** – Updated cleaning and sterilization techniques/ tracking to monitor adherence

---

**Sanitary Environment: OR Behavior**

- Personal items such as back packs, brief cases, purses, etc. are a big NO! NO!
- Keep IV tubing off the floor
- PPE worn at appropriate times
  - Staff scrubs
  - Clean head covers: cloth only allowed if covered with a buffon hat
  - No artificial nails/ gels/ chipped polish
  - No jewelry

---

**Sanitary Environment: Environmental Cleaning**

- Specific cleaning schedule in all areas
- Use of appropriate cleaning products registered with the EPA
- Clean and disinfect areas which are touched and used between patients
- Assign written monitoring to assure appropriate OR cleaning
- Manufacturers recommendations followed on all cleaning products, different products have different contact times
Sanitary Environment: The OR Suite

• **Routine Cleaning**
  – Before the start of each case
  – Includes: All horizontal surfaces in the OR Suites damp dusted with a level 3 disinfectant, floors are mopped with a level 3 disinfectant

• **Terminal Cleaning**
  – Performed within 24 hours of the start of any procedure, surgical case, or after any patient is known to have any airborne or blood borne disease
  – All surfaces in an OR Suite (walls, doors, wheels, cords, equipment, surgical lights, boom system, furniture, telephone cords, keyboards, etc.) get wiped down with a level 3 disinfectant. Lastly, the floor is mopped with a level 3 disinfectant

Contributor

• Nicole Johanson MSN-RN, MBA-HC

References
