

Developing Action Plans: Bringing it All Together

In the next 30 minutes, we will:

- Identify common themes within and across breakout sessions
 - Environmental Cleaning
 - Use of PPE
 - Safe Injection Practices
- Set the stage for future collaborative efforts

Environmental Cleaning

- **Tools In Use**
 - Monthly infection control audit by all staff
 - Daily checklists
 - Use of pictorials
 - Glow germ use for pts & staff
 - Immediate corrections
- **Challenges**
 - Time between patients
 - Proximity of stations
 - Lack of staff knowledge
 - Inconsistent requirements
- **Solutions**
 - Rotate tasks between staff/prevent employee burnout
 - Limit number of patients seen per day/increase time between patients
 - Schedule patients with similar treatment times together

Environmental Cleaning

- **Resource Needs**
 - Job aids
 - Blue printing – mapping patients from entry to exit
 - Quick sheets about disinfectants and time needed for each
 - Consolidating tools
- **How can public health & ESRD Network help?**
 - More collaboration with architectural plans
 - Making stories personal
 - Educate patients from a patient perspective – communicating with patient to monitor hand hygiene
 - Building a business case
 - Cliff Notes of AAMI standards
 - Knowledge that the state can provide TA and not just enforcement

Use of PPE

- **Tools In Use**

- Observational audits – all staff participating
- Empowering patients to tell HCW to wash hands or wear gloves
- Code word for staff to remind each other about hand hygiene
- Feedback on audit results to all staff/encourage competition
- Glow germ audits

- **Challenges**

- More time
- Patient pressure
- Staff to patient ratio

Use of PPE

- **Resource Needs/How can public health & ESRD Network help?**
 - Educating patients about IC (pediatric and adult)
 - Sanitizer next to gloves
 - Employee input on which sanitizers to purchase
 - Patient education for both peds and adults on infection control
 - List of IC trainings available
 - Specific guidelines on gown wearing (inpatient vs. outpatient)
 - Continued collaborations
 - Standardizing Licensing audits

Safe Injection Practices

- **Tools In Use**

- Peer review/auditing
- Using physical reminders to help with echecklists
- Post exposure protocols

- **Tools Needed**

- More shared resources in a centralized location
- Continued education/re-education (patients and staff)

Safe Injection Practices

- **How can public health & ESRD Network help?**
 - Education/resources
 - Corporate
 - Patient
 - Staff
 - Validating skills for technicians
 - Influence on architectural design of facilities

Where do we focus our efforts?

Discussion of overarching themes and first steps to target...

Comments? Reflections?

