# AHE VOICES

## Leaders Share their Expertise Related to Infection Prevention

*EXPLORE* spoke with Candace Thompson, CHESP, and Lea Beach, CHESP, about infection control, their department's working relationships with Infection Preventionists (IPs), the latest challenges, how they empower their staff, and best practices for hand-washing and PPE compliance.

### Q. What are the biggest challenges you face related to infection prevention in your department?

**Candy Thompson (CT):** *Consistency*: To help staff understand the importance of what they do and what the consequences may be if they skip cleaning steps or don't clean surfaces thoroughly. We put the cleaning steps on the back of our welcome card so patients and visitors know what to expect. Patients are better informed, and they're watching. Patient confidence is broken if they observe differences. *Time*: To continually work with staff on how to effectively and efficiently complete all required cleaning steps. *Knowledge Maintenance*: Keeping up with changes and effectively relaying information to staff. Sometimes they are on information overload! To help, we developed a one-page quick reference guide on isolation and specialty room cleaning and keep one on each cart. It was approved by our IP and reminds them of what product to use, what PPE to wear, if cubicle curtains need to be changed, etc.

**Lea Beach (LB):** Communication and acquiring the information we needed to clean the way we were required to. Sometimes things would not get communicated in time—or at all—which would compromise our work or create rework for the staff. Also education—I have a number of personnel, for instance, who need more training on isolation room cleaning protocols. We are having conversations with infection prevention to move our program forward so everyone is on the same page.

### Q. In what ways do you collaborate with IPs in your facility?

**CT:** We have an excellent working relationship with our IPs. We know we can call each other with any questions at any time. We discuss inspection results and ways to improve, exchange information obtained from respective professional organizations (AHE, APIC), and discuss new products and equipment, etc. Our staff knows they can contact our IP directly with any questions.

**LB:** We have scheduled quarterly meetings. At my previous facility, IPs and EVS worked together on everything. Here at my new facility, I am hoping to build a relationship of meeting and talking regularly about issues that arise and keeping everyone informed of trends that we see in the community and at the facility.

### Q. Has your facility experienced a recent outbreak?

**CT:** We haven't. But if we did, we would work closely with nursing and IP to determine course of action based on who is affected (patients and/or staff), the cause (*C. diff*, flu), where (LTC, inpatient unit), what product to use, frequency of cleaning (e.g., two times daily), and extent of cleaning (e.g., high-touch surfaces or all).

**LB:** Although I wouldn't classify it as an outbreak, the most prevalent issue we have here is scabies. We clean the rooms when we are called to do so, and are called on a case-by-case basis and we deal with each issue as it arises.

### Q. What are your best practices to disinfecting cubicle curtains?

**CT:** We change out cubicle curtains for specific isolation rooms when soiled and on a routine cleaning schedule. Our ED cubicle curtains are made of a newer fabric with antimicrobial properties. We have them cleaned routinely but are not required to change them out for short-stay isolations.

**LB:** All cubicle curtains are cleaned routinely, unless they are from an isolation room or are visibly soiled. Those are taken down and laundered and returned.

### Q. In relation to PPE (personal protective equipment), how do you monitor staff compliance?

**CT:** Direct observation by EVS supervisors or managers, by nursing, by IPs on infection control rounds, and by Safety Committee members on environmental rounds. If someone is not wearing proper PPE (usually gloves), we use it as a coaching opportunity. We explain the consequences to them personally, to coworkers, and to our patients. More often, it is wearing gloves when they should have been removed.

**LB:** In my facility, I am fortunate enough to have a quality control/safety manager on staff. He makes daily rounds and educates on PPE. He does visual inspections to

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ensure staff has what they need, and he also does weekly safety topics to help with comprehension and compliance.

**Q. How does your department ensure proper compliance as it relates to hand washing?**

**CT:** Our supervisors are required to include hand hygiene checks on their weekly report as it is one of our PI goals. We also have system-wide spotters that observe all departments. We have a system-wide Wash-In, Wash-Out Program, hand wash signs are posted by all sinks, and several additional hand sanitizer stations were recently installed in common areas.

**LB:** We use visual inspection, classroom education, and initial training.

**Q. If you or one of your supervisors witnessed staff not following hand washing protocol, how would you approach or instruct staff to correct the behavior?**

**CT:** We address it immediately and use it as a coaching opportunity (not punitive unless they are a repeat offender) to explain the significance of their actions—how it may affect them personally, how it may affect our patients, etc.

**LB:** We would visually show them what the proper hand washing technique is and remind them how important it is. We always educate on why we need to do it in the first place. I believe if they have a reason and know how important it is, then they are more inclined to do it.

**Q. How does your department eradicate pests brought in by patients?**

**CT:** Work with nursing and/or IP to evaluate each situation. The patient is isolated to a room as soon as possible and treated. Personal items are securely bagged and sent home. Then we determine where the patient has been and what needs to be cleaned.

**LB:** We have a pest control policy to take care of pests, and we follow that policy.

**Q. How do you empower your employees in regard to infection prevention and how they can personally impact a healthy patient environment?**

**CT:** Everyone is empowered to take action should they feel the health and safety of our employees, patients, or visitors is at stake. We routinely ask how we can improve. If staff encounters a situation they can correct themselves, they will report it to their supervisor. If not, they can contact our IP directly, or go to a charge nurse or other leadership. We have a Culture of Excellence in which everyone is expected to help each other.

**LB:** At my facility, I truly believe we save lives every day. This is what I show to my employees, and this is what I tell the C-suite. This is what we believe. I educate them mostly with AHE classes and webinars. If they are a part of management staff, they also take the leadership course offered at AHE online. I have them read magazine articles, our IP comes and talks to staff quarterly, and we have an infection prevention topic in our weekly safety meeting. ●

***Candace Thompson, CHESP,*** *is Environmental Services manager at Mercy Harvard Hospital, Mercy Walworth Hospital & Medical Center, and Mercy Hospital & Trauma Center in Janesville, Wisconsin. Thompson has been a member of AHE since 2000 and earned CHESP certification in September 2003. She leads over 70 EVS partners, coordinates contract cleaning services, and oversees system-wide waste services.* ***Lea Beach, CHESP****, is executive director of Environmental Services at Ireland Army Community Hospital in Ft. Knox, Kentucky. An expert in lean management, she's written articles, online courses, and co-presented webinars on the subject. She's also served on the AHE Recognition Committee, the Planning Committee, and the Education Committee.*