ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTER S FOR MEDICARE & MEDICAI D SERVICES
iQUALITY IMPRO VEMENT & INNOVATION GROU P

Alliant Health Solutions Sample Stethoscope Cleaning Action Plan

IMPORTANT NOTE:

Alliant Health Solutions is distributing this sample Action Plan to provide a framework for the development of a facility-specific Action Plan that addresses opportunities identified for improvement based on the facility performed root cause analysis (RCA). For additional guidance on RCA, action planning and quality improvement practices, visit the CMS Quality Assurance and Performance Improvement (QAPI) website at **QAPI | CMS*** or contact (Insert Contact Information)

* https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI

his material was prepared by the IPRO QIN-QIO and modified by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHSQIN-QIO TO1 - NH--1464-02/03/22

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTER S FOR MEDICARE & MEDICAI D SERVICES
iQUALITY IMPRO VEMENT & INNOVATION GROU P

QUALITY IMPROVEMENT ACTION PLAN FOR STETHOSCOPE CLEANING (INSERT FACILITY NAME HERE)

(Complete either electronically or via a print copy.)

Team Lead(s)

Unit Manager, Short Term Rehab Unit
Unit Manager, Identified Long Term Care Unit
Infection Preventionist

Process or problem identified for improvement

Cleaning of stethoscopes with the correct cleaning agent between each patient use.

Background leading up to need for this action plan (include findings from root cause analysis):

Random interviews of staff indicate there is an opportunity to improve compliance with elements of the stethoscope cleaning process to include: an itemization of cleaning products that are approved, and those that are not approved; establishing minimum levels for inventory of approved supples; and guidelines for when hand hygiene should be performed.

SMART Goals (Specific, Measureable, Attainable, Realistic, Time-Bound)	**Baseline Measurements** (For each SMART Goal, identify a corresponding baseline measurement)
1. Reduce facility overall infection rate by 12%	1. 10.8%
2. Educate all full and part-time staff and contracted employees on the requirements of stethoscope cleaning (to include cleaning supplies and cleaning protocol)	2. 0 of 57 staff to be educated
3. Implement Stethoscope Cleaning Monitoring Program by July 31, 2020	3. Implementation of the program, including the tracking tools is considered completion of the process measure. Baseline is program is not in place
4.	4.

Scope (boundaries for where project begins and ends)	Resources needed
Audit and follow-up corrective action and re-education to be completed between July 1 and September 30th.	1. EPA N List 2. Stethoscope Cleaning Audit Tool 3. Stethoscope Cleaning Audit Tracking Tool 4. Monthly Infection Control Tracking
Potential barriers	**Strategies to mitigate barriers**
Difficulty in monitoring all moments of care in resident rooms (for example, difficulty in auditing compliance with cleaning between residents in shared resident rooms)	Consider engaging patients, care partners, families and visitors in second phase of project.

KEY ACTION STEPS AND PDSA CYCLES						
Action	**Start Date**	**Target Completion Date**	**Process Owner**	**Monitoring Strategy**	**Findings/Lessons Learned**	**Recommendations/ Next Steps**
Interview staff to identify which products they are using to clean stethoscopes.	7/6/20	7/13/20	Unit Managers	QAPI team to review list of products identified by staff	Of the initial 5 staff interviewed, 2 were unaware of the EPA N list and reported using hand sanitizer packets they had brought in from home	Identify champions on each shift/unit to do just in time education on the approved product list and to identify additional locations to post the list of facility approved cleaning products
Review products against EPA-N list to determine if all products are on the approved list	7/7/20	7/9/20	Unit Managers	Department Managers and Unit Managers to monitor ongoing visibility of posters		
Complete Root Cause Analysis on completed stethoscope cleaning tracking tool to identify strategies to mitigate	7/13/20	7/24/20	QAPI Lead	QAPI Minutes		
Evaluate program success and make determination whether to engage patients, families and visitors in second phase	7/13/20		Infection Preventionist Administrator DON	QAPI Minutes		

KEY ACTION STEPS AND PDSA CYCLES (continued)						
Action	**Start Date**	**Target Completion Date**	**Process Owner**	**Monitoring Strategy**	**Findings/Lessons Learned**	**Recommendations/ Next Steps**

For more information: https://quality.allianthealth.org/

Insert Contact Information

This material was prepared by the IPRO QIN-QIO and modified by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHSQIN-QIO TO1 - NH--1464-02/03/22

Rev. 02/09/2022 Version 6

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTER S FOR MEDICARE & MEDICAI D SERVICES
iQUALITY IMPRO VEMENT & INNOVATION GROU P

Using Disinfectants to Control the COVID-19 Virus

IMPORTANT NOTE:

Alliant Health Solutions is distributing this resource created by the National Pesticide Information Center. This resource contains current information that is rapidly changing. It is the responsibility of each facility to regularly check the Environmental Protection Agency's website: **https://www.epa.gov** to ensure that the most current guidance resource is being followed.

This material was prepared by the IPRO QIN-QIO and modified by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHSQIN-QIO TO1 - NH--1464-02/03/22

Using Disinfectants to Control the COVID-19 Virus

This guidance is for the public and professionals to control the COVID-19 virus on surfaces. The coronavirus named "SARS-CoV-2" is the cause of "COVID-19" in people.

This information applies to sprays, **surface wipes**, and other liquids. You may see them called "**antimicrobials**",, "disinfectants", or "biocides" on product labels.

Antimicrobial Products List

There are currently no EPA-registered disinfectants that specifically include the SARS-CoV-2 virus on the product label. Refer to the following list from the U.S. Environmental Protection Agency for products that control the virus:

List N: Disinfectants for Use Against SARS-CoV-2
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Using products effectively:

- **To kill the virus, the surface must stay wet for the entire time on the label. Look for "contact time" or "dwell time".**
- Surface wipes can dry out during use. They must remain wet to be effective.
- Each product has only been shown to work where the label says it can be used. Look for **"use sites"** on the label.
- Disinfectants may not work on all surfaces. Follow the label carefully. Examples of surface types are listed in Table 1 below.
- "Cleaning" wipes do not kill viruses. They do not make claims to disinfect and are not registered by the U.S. EPA.

Table 1. Porosity of common household materials[1,2,3,4]

Porous		Semi-porous		Non-porous
Carpeting	Upholstered furniture	Wood	Hardwood floor	Some tiles
Clothing and fabrics	Leather	Drywall	Linoleum	Some sealed countertops
Bedding and pillows	Wall insulation	Tile grout	Concrete	Glass
Mattresses	Ceiling tile			Metal

Consider these steps to reduce your risk when using disinfectants:

- To avoid chemical exposure when using disinfectants, follow the label's "precautionary statements". If no label guidance is provided, consider wearing gloves, eye protection, shoes with socks, and long sleeves/pants.
- Keep children, pets, and other people away during the application until the product is dry and there is no odor.
- Open windows and use fans to ventilate. Step away from odors if they become too strong.
- Wash your hands after using any disinfectant, including surface wipes.
- Keep lids tightly closed when not in use. Spills and accidents are more likely to happen when containers are open.
- Do not allow children to use disinfectant wipes. Keep cleaners and disinfectants out of reach from children and pets.
- Throw away disposable items like gloves and masks after use. They cannot be cleaned.
- Do not use disinfectant wipes to clean hands or as baby wipes.

Additional Resources:

1. **Guidance to Registrants: Process for Making Claims Against Emerging Viral Pathogens not on EPA-Registered Disinfectant Labels** - U.S. EPA
2. **Interim guidance for environmental cleaning in non-healthcare facilitates exposed to SARS-CoV-2** – European Centre for Disease Prevention and Control

For questions about disinfectants and other pesticides:
1-800-858-7378 (8:00am - 12:00pm PST)
npic@ace.orst.edu | **npic.orst.edu**

npic NATIONAL PESTICIDE INFORMATION CENTER

1. Mysz, A.; Martinez, J. Indoor Carbaryl Dust Cleanup; EPA Region 5: Chicago, IL, 2011.
2. Emergency or Incident Response. National Pesticide Applicator Certification Core Manual; National Association of State Departments of Agriculture Research Foundation: Arlington, VA, 2014, pp 144–145.
3. Johnson, M. Letter to Steve Renninger, On-Scene Coordinator, US EPA: Documentation for Previous Verbal Consultations that ATSDR Provided to the US EPA and the Cincinnati Department of Health Regarding Excessive Spray of Malathion in Several Residences; U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry: Chicago, IL, 2011.
4. OSHA Fact Sheet: Mold Hazards during Disaster Cleanup; U.S. Department of Labor, Occupational Safety and Health Administration: Washington, DC, 2013.

Date updated: February 9, 2022

Stethoscope Cleaning Audit Tracking Tool

This tool is designed to track completed stethoscope cleaning audits and identify trends for ongoing quality improvement. For each audit completed, check all areas of noncompliance. Trends in areas of noncompliance should be analyzed for possible modifications to the appropriate training or process.

The 4 elements for each staff observation are: (1) stethoscope cleaned at appropriate interval (2) hand hygiene performed correctly and at appropriate times, (3) approved cleaning product used, and (4) stethoscope cleaned per protocol.

Reviewer	Date of Audit	Unit	Shift	Cleaning tools on EPA N List	Adequate supply of approved cleaning supplies observed	Stethoscopes not in use are observed to be stored per policy	1st Staff Observation				2nd Staff Observation				3rd Staff Observation				4th Staff Observation				5th Staff Observation			
							Cleaned at appropriate interval	Hand hygiene performed correctly	Approved cleaning product used	Stethoscope cleaned per protocol	Cleaned at appropriate interval	Hand hygiene performed correctly	Approved cleaning product used	Stethoscope cleaned per protocol	Cleaned at appropriate interval	Hand hygiene performed correctly	Approved cleaning product used	Stethoscope cleaned per protocol	Cleaned at appropriate interval	Hand hygiene performed correctly	Approved cleaning product used	Stethoscope cleaned per protocol	Cleaned at appropriate interval	Hand hygiene performed correctly	Approved cleaning product used	Stethoscope cleaned per protocol
			1st ☐ 2nd ☐ 3rd ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
			1st ☐ 2nd ☐ 3rd ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
			1st ☐ 2nd ☐ 3rd ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
			1st ☐ 2nd ☐ 3rd ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
			1st ☐ 2nd ☐ 3rd ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For more information: https://quality.allianthealth.org/

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by the IPRO QIN-QIO and modified by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHSQIN-QIO TO1 - NH--1464-02/03/22

Rev. 02/09/2022 Version 6

Stethoscope Cleaning Audit

Purpose: Improve quality through identification of risks or gaps in current process that impact patient safety and quality

Reviewer(s): Unit: Date of Review: Time:

Process	Resources	Yes	No	Notes
Facility has cleaning products identified for stethoscope cleaning	• Facility Policy • MSDS Books	☐	☐	
Facility-approved stethoscope cleaning products are on the EPA-N List	• EPA N List	☐	☐	
Adequate inventory of cleaning products for a full shift is observed at nursing stations and on medication carts	• Observations • Staff Interviews	☐	☐	
Facility has policy that aligns with manufacturer guidelines for frequency of stethoscope cleaning for • Standard precautions • Isolation • COVID-19	• Facility Policy	☐	☐	
Facility has process in place to assess staff competency for cleaning stethoscopes that includes: • When to clean • Steps to clean (including dwell time) • Approved products • Products that are contraindicated and not approved for use (i.e. hand sanitizer wipes or wipes with multiple ingredients)	• Staff Education Competency Documents • Employee In-service Records	☐	☐	
Stethoscopes are stored appropriately between uses and at end of shift	• Observations • Staff Interviews	☐	☐	

Stethoscope Cleaning Audit

Observations	Shift	Yes	No	Notes
Staff observation: • Stethoscope cleaned at appropriate intervals • Hand hygiene performed • Approved cleaning product utilized • Stethoscope cleaned per protocol	1st ☐ 2nd ☐ 3rd ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
Staff observation: • Stethoscope cleaned at appropriate intervals • Hand hygiene performed • Approved cleaning product utilized • Stethoscope cleaned per protocol	1st ☐ 2nd ☐ 3rd ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
Staff observation: • Stethoscope cleaned at appropriate intervals • Hand hygiene performed • Approved cleaning product utilized • Stethoscope cleaned per protocol	1st ☐ 2nd ☐ 3rd ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
Staff observation: • Stethoscope cleaned at appropriate intervals • Hand hygiene performed • Approved cleaning product utilized • Stethoscope cleaned per protocol	1st ☐ 2nd ☐ 3rd ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
Staff observation: • Stethoscope cleaned at appropriate intervals • Hand hygiene performed • Approved cleaning product utilized • Stethoscope cleaned per protocol	1st ☐ 2nd ☐ 3rd ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	

For more information: https://quality.allianthealth.org/

Insert Contact Information

This material was prepared by the IPRO QIN-QIO and modified by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHSQIN-QIO TO1 - NH--1464-02/03/22

Rev. 02/09/2022 Version 4

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP