Firelands Regional Medical Center
School of Nursing
MSN 2025

INFECTION CONTROL "QUALITY" SCAVENGER HUNT

Assignment: The student will independently participate in a quality assurance review of charts by monitoring for appropriateness and compliance of precautions for all patients who are currently in isolation. Be sure to print a copy of this scavenger hunt and take it with you to be completed during the Infection Control clinical. Following clinical, this assignment will be submitted electronically (in typed format) to the Infection Control Signature Form and Scavenger Hunt dropbox located in Edvance360 by Saturday at 2200 following the experience. The faculty will review for completion and forward to the Firelands Infection Preventionist, Sydney Cmar, RN, MPH.

Instructions: Under the direction of Sydney Cmar or Sandie Beal, you will go to various inpatient units and complete this assignment. You will make rounds on the nursing unit to determine which patients are in isolation precautions (all patients in isolation will be assessed). Utilizing the patient chart in Meditech, you will then review and record the information included on the checklist. Sydney Cmar will review this process with you during your Infection Control clinical.

Name: _____Michelle Porcher_____   Date: _March 13, 2025_____

Concurrent Quality & Infection Control Precautions Monitoring

Criteria	Isolation Pt. #1 Unit: __3T_____ Room# _3005__	Isolation Pt. #2 Unit: _3T_____ Room# __3006__	Isolation Pt. #3 Unit: _3T_____ Room# _3007__	Isolation Pt. #4 Unit: ___3T____ Room# _3010___
Reason for Isolation	Flu A droplet	ESBL contact	Flu A droplet	Flu A droplet
Precautions Posted	Y/N	Y/N	Y/N	Y/N
Appropriate Precautions	Y/N	Y/N	Y/N	Y/N
Cart Stocked	Y/N N/A-mask at door	Y/N	Y/N N/A-mask at door	Y/N N/A-mask at door
Precaution Use (any healthcare provider entering room)	Y/N Dept: RN	Y/N Dept: RN	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Y/N\n\nAll charted droplet, but some missing reason	Y/N\n\n"not in isolation" charted	Y/N\nThere was an active order to collect a stool for C-diff. Pt not on enteric precautions. RN d/c'd order when I brought it to her attention	Y/N\n\nAll charted droplet, but some missing reason

Criteria	Isolation Pt. #5 Unit: ___3T____ Room _3036___	Isolation Pt. #6 Unit: ___3T__ Room __3037__	Isolation Pt. #7 Unit: __4C_____ Room __4004__	Isolation Pt. #8 Unit: ___4C___ Room__4009_
Reason for Isolation	Flu A droplet	ESBL contact	MDRO contact	Flu A droplet
Precautions Posted	Y/N	Y/N	Y/N	Y/N
Appropriate Precautions	Y/N	Y/N	Y/N	Y/N
Cart Stocked	Y/N N/A-mask at door	Y/N	Y/N	Y/N
Precaution Use (any healthcare provider entering room)	Y/N Dept:	Y/N Dept: FRMCSON SN	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Y/N All charted droplet, but some missing reason	Y/N All charted contact, but some missing ESBL	Y/N	Y/N

Criteria	Isolation Pt. #9 Unit: ___4P___ Room _4033___	Isolation Pt. #10 Unit: ___ER____ Room ___9__	Isolation Pt.#11 Unit: ___ER___ Room ___16__	Isolation Pt.#12 Unit: _____ Room _____
Reason for Isolation	MRSA & C-diff contact	Nausea/vomiting/diarrhea droplet	SOB droplet	
Precautions Posted	Y/N	Y/N	Y/N	Y/N
Appropriate Precautions	Y/N	Y/N	Y/N	Y/N
Cart Stocked	Y/N	Y/N N/A-mask at door	Y/N N/A-mask at door	Y/N
Precaution Use (any healthcare provider entering room)	Y/N Dept: HSKG	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Y/N	Y/N	Y/N	Y/N

Hand Hygiene Observations

Unit	Occupation	In		Out	
3T	PCT	**Yes**	No	Yes	No
3T	HOUSEKEEPING	**Yes**	No	Yes	No
3T	RN	Yes	No	Yes	**No**
4C	UNKNOWN-BRIGHT BLUE PANTS	**Yes**	No	Yes	No
4P	DIETARY	**Yes**	No	Yes	No
4P	DIETARY	Yes	No	Yes	**No**
4P	HOUSEKEEPING	Yes	No	**Yes**	No
4P	RN	Yes	**No**	Yes	No
3T	PCT	Yes	No	**Yes**	No
4N	FRMCSON SN	**Yes**	No	Yes	No
4N	THERAPY	Yes	No	**Yes**	No
ER	RN	Yes	No	**Yes**	No
ER	RN	Yes	**No**	Yes	No
3T	RN	Yes	No	Yes	**No**
3T	PCT	**Yes**	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No

		Yes	No	Yes	No