

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: Saige Ruffing

Date: 3-19-25

Concurrent Quality & Infection Control Precautions Monitoring

Criteria	Isolation Pt. #1 Unit: <u> 3T </u> Room# <u> 14 </u>	Isolation Pt. #2 Unit: <u> 3T </u> Room# <u> 15 </u>	Isolation Pt. #3 Unit: <u> 3T </u> Room# <u> 16 </u>	Isolation Pt. #4 Unit: <u> 3T </u> Room# <u> 23 </u>
Reason for Isolation	covid	ESBL/Flu	MDOR	MDOR
Precautions Posted	<input checked="" type="checkbox"/> Y/N			
Appropriate Precautions	<input checked="" type="checkbox"/> Y/N			
Cart Stocked	<input checked="" type="checkbox"/> Y/N			
Precaution Use (any healthcare provider entering room)	<input checked="" type="checkbox"/> 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:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	<input checked="" type="checkbox"/> Y/N			

Criteria	Isolation Pt. #5 Unit: 4C Room 7	Isolation Pt. #6 Unit: 4C Room 12	Isolation Pt. #7 Unit: 4C Room 14	Isolation Pt. #8 Unit: 4N Room 5
Reason for Isolation	Covid/pneumonia	Flu	MDOR	pneumonia
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	Y/N	Y/N
Precaution Use (any healthcare provider entering room)	Y/N Dept: DR.	Y/N Dept:	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:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Y/N	Y/N	Y/N	Y/N

Criteria	Isolation Pt. #9 Unit: 4N Room 13	Isolation Pt. #10 Unit: 4P Room 22	Isolation Pt. #11 Unit: _____ Room _____	Isolation Pt. #12 Unit: _____ Room _____
Reason for Isolation	MRSA	ESBL		
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	Y/N	Y/N
Precaution Use (any healthcare provider entering room)	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:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over	Y/N	Y/N	Y/N	Y/N

		Yes	No	Yes	No
		Yes	No	Yes	No

STUDENT EVALUATION BY PRECEPTOR

Infection Control

(This evaluation is to be completed by the preceptor for each student)

Student Name: Saige Ruffing
 Nursing School/College: Firelands Regional Medical Center School of Nursing
 Nursing Faculty Member: Dawn A. Wikel, MSN, RN, CNE
 Preceptor Name: Sandie Beal

Clinical Start Time: 0805 Clinical End Time: 1105

Student Evaluation

Criteria	Needs* Improvement	Satisfactory	Excellent
1. Actively engaged in the clinical experience.			✓
2. Demonstrates prior knowledge of departmental/nursing responsibilities.		✓	
3. Appropriate use of communication skills.			✓
4. Demonstrates safe completion of nursing skills.		✓	✓
5. Demonstrates professionalism in nursing.			✓

* Any "needs improvement" must have comments written.

Instructor/Preceptor Comments: _____

Student's Signature: Saige Ruffing Date: 3-19-25
 Preceptor's Signature: Sandie Beal Date: 3/19/25
 Print Preceptor's Name: Sandie Beal