

### 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. This will be completed during the Infection Control clinical. Each student will use the electronic scavenger hunt form found in the Edvance360 Clinical Resources tab to type their findings from the clinical experience and submit it to the Infection Control Signature Form and Scavenger Hunt dropbox located in Edvance360 by Saturday at 2200 following your clinical experience. Handwritten forms will not be accepted for credit. The faculty will review for completion and forward to the Firelands Infection Preventionist, Sydney Cmar, RN, MPH.

**Instructions:** Under the direction of Sydney Cmar, 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: Cassidy Verlie

#### Concurrent Quality & Infection Control Precautions Monitoring

Criteria	Isolation Pt. #1 Unit: 3T Room #17	Isolation Pt. #2 Unit: 3T Room #21	Isolation Pt. #3 Unit: 3T Room #31	Isolation Pt. #4 Unit: ICU Room #3
Reason for Isolation	Cdiff	Neutropenic	COVID - Droplet	MDRO - Contact
Precautions Posted	No	Yes	Yes	Yes
Appropriate Precautions	No	Yes	Yes	Yes
Cart Stocked	No	Yes	Yes	Yes
Precaution Use (any healthcare provider entering room)	No provider observed	No provider observed	No Dept: LPN Y/N Dept: Y/N Dept: Y/N Dept:	No provider observed
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	No	No	Yes	No

Criteria	Isolation Pt. #5 Unit: 4N Room #3	Isolation Pt. #6 Unit: 5T Room #29	Isolation Pt. #7 Unit: _____ Room _____	Isolation Pt. #8 Unit: _____ Room _____
Reason for Isolation	MRDO	MRDO	N/A	N/A
Precautions Posted	Yes	Yes	NA	NA
Appropriate Precautions	Yes	Yes	NA	NA
Cart Stocked	Yes	Yes	NA	NA
Precaution Use (any healthcare provider entering room)	Yes Dept: Nurse	No provider observed	NA	NA
	Y/N Dept:			
	Y/N Dept:			
	Y/N Dept:			
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Yes	Yes	NA	NA

Criteria	Isolation Pt. #9 Unit: _____ Room _____	Isolation Pt. #10 Unit: _____ Room _____	Isolation Pt. #11 Unit: _____ Room _____	Isolation Pt. #12 Unit: _____ Room _____
Reason for Isolation	N/A	N/A	N/A	N/A
Precautions Posted	N/A	N/A	N/A	N/A
Appropriate Precautions	N/A	N/A	N/A	N/A
Cart Stocked	N/A	N/A	N/A	N/A
Precaution Use (any healthcare provider entering room)	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	N/A	N/A	N/A	N/A

