Firelands Regional Medical Center
School of Nursing
MSN 2021

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. This assignment will be submitted to Dawn Wikel's mailbox on the next scheduled class, lab, or simulation day following the experience. The faculty will review for completion and forward to the Infection Control Nurse Susan Cramer, RN.

Instructions: Under the direction of Susan Cramer, you will go to various inpatient units and complete this assignment. **Please do not enter COVID designated units while completing this exercise.**
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. Susan Cramer, RN, will review this information with you during your Infection Control clinical.

Name: Madison Belden   Date: 01/22/21

Concurrent Quality & Infection Control
Precautions Monitoring

UNIT: _____	Isolation Pt. #1 Room 3027	Isolation Pt. #2 Room 4003	Isolation Pt. #3 Room 4005	Isolation Pt. #4 Room 4007
Reason for Isolation	C. Diff	Covid	Covid	Covid
Precautions Posted	Yes	Yes	Yes	Yes
Appropriate Precautions	(Y)N	(Y)N	(Y)N	(Y)N
Cart Stocked	N/A ~~Y/N~~	N/A ~~Y/N~~	N/A ~~Y/N~~	N/A ~~Y/N~~
Precaution Use (any healthcare provider entering room)	Y/N	(Y)N	(Y)N	(Y)N
	Y/N	(Y)N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	NO	Yes	Yes	NO

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UNIT: _____	Isolation Pt. #5 Room 4008	Isolation Pt. #6 Room 4012	Isolation Pt. #7 Room 5012	Isolation Pt. #8 Room 5028
Reason for Isolation	Covid	Covid	C.diff	C. diff
Precautions Posted	Yes	Yes	Yes	Yes
Appropriate Precautions	(Y)N	(Y)N	(Y)N	(Y)N
Cart Stocked	N/A ~~Y/N~~	N/A ~~Y/N~~	N/A ~~Y/N~~	N/A ~~Y/N~~
Precaution Use (any healthcare provider entering room)	(Y)N / Y/N / Y/N / Y/N	(Y)N / Y/N / Y/N / Y/N	(Y)N / Y/N / Y/N / Y/N	(Y)N / Y/N / Y/N / Y/N
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Yes	Yes	No	Yes

UNIT: _____	Isolation Pt. #9 Room 4037	Isolation Pt. #10 Room 5008	Isolation Pt. #11 Room 3010	Isolation Pt. #12 Room ⬤⬤⬤
Reason for Isolation	ESBL	C.diff	Covid	⬤⬤⬤⬤
Precautions Posted	Yes	Yes	Yes	
Appropriate Precautions	(Y)N	(Y)XN	(Y)N	Y/N
Cart Stocked	N/A ~~Y/N~~	N/A ~~Y/N~~	N/A ~~Y/N~~	N/A ~~Y/N~~
Precaution Use (any healthcare provider entering room)	(Y)N / Y/N / Y/N / Y/N	(Y)N / Y/N / Y/N / Y/N	(Y)N / (Y)N / Y/N / Y/N	Y/N / Y/N / Y/N / Y/N
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	Yes	Yes	Yes	

STUDENT EVALUATION BY PRECEPTOR

Infection Control Nurse Preceptorship

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

Student Name: Madison Belden

Nursing School/College: Firelands Regional Medical Center School of Nursing

Nursing Faculty Member: Dawn A. Wikel, MSN, RN, CNE

Preceptor Name: Susan Cramer

Clinical Start Time: 0800   Clinical End Time: 1200

Student Evaluation

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

Any "needs improvement" must have comments written.

Instructor/Preceptor Comments: Madison was a pleasure to precept, she asked pertinent questions + was engaged in the IC process

Student's Signature Madison Belden   Date 01/22/21

Preceptor's Signature Cramer BSN, RN, CIC   Date 1/22/21

Preceptor Name (Printed) Susan Cramer