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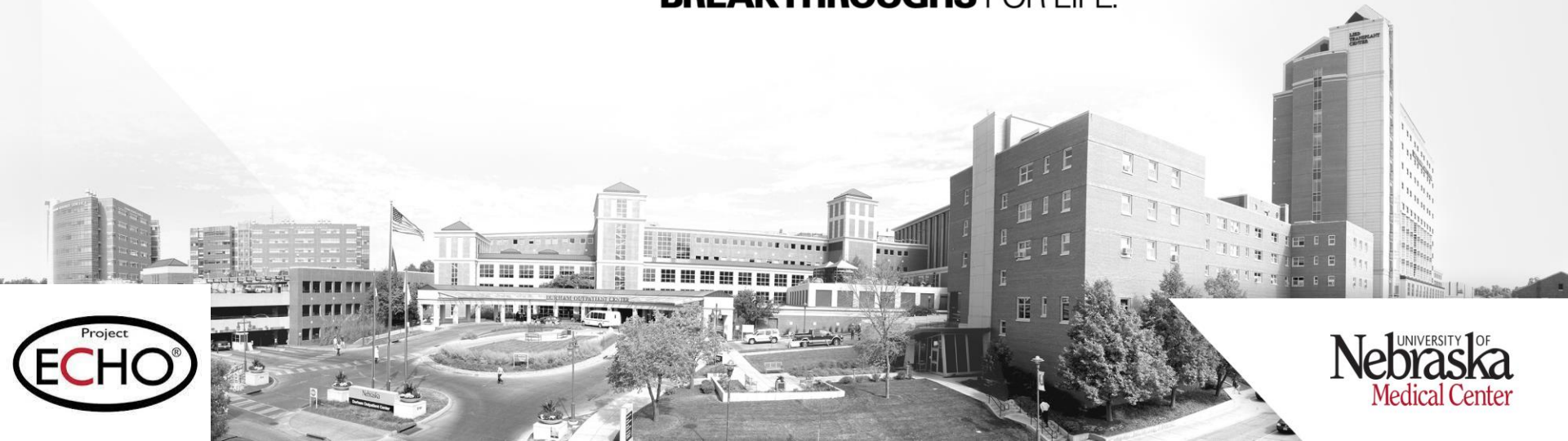

Project ECHO®

University of Nebraska Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 30

Project Funded by Nebraska DHHS through a CDC grant

Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat
- All the session presentation are available on our website

- Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.

https://www.unmc.edu/intmed/divisions/id/echo/health-equity/index.html

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Kelly Cawcutt, MD, MS
- Jonathan Ryder, MD

Quality Improvement Team

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- Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
- Shirley Delair, MD
- Jasmine Marcelin, MD
- Andrea Jones, MD
- Precious Davis, EdD
- Samantha Jones, Program Manager
- Dan Cramer, NP

CE Disclosures

Project ECHO®

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:
IPC: Ensuring an Effective Environmental Cleaning and Disinfection Program

Free Live ECHO Project
January 18, 2023
CID 57618

University of Nebraska Medical Center

TARGET AUDIENCE

This accredited continuing education activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.
The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.

EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Identify the process to review the disinfectants available in the facility and to ensure proper coverage for anticipated microorganisms in the facility
- Discuss guidelines and best practices surrounding the selection of disinfectants to meet infection prevention and control needs in your facility
- Describe elements of an environmental cleaning and disinfection audit for the purpose of quality assurance practices and improving compliance

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
    a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
    b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu

ACCREDITED CONTINUING EDUCATION

In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.

ACCREDITED CONTINUING EDUCATION

As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 general continuing education credits. Social work level of content: **Advanced**

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).

Activity code: I00053519 Approval Number: 220004366

To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

DISCLOSURE DECLARATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.
This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.

Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

The below faculty have nothing to disclose:

- Kelly Cawcutt, MD, MS
- Kate Tyner, BSN, RN, CIC

Disclosures

PLANNING COMMITEE

M. Salman Ashraf, MBBS
Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jeff Wetherhold, M. Ed
- Bailey Wrenn, MA

www.unmc.edu/cce

POLL

Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:

Poll Results

Infection Prevention & Control:

Ensuring an Effective Environmental Cleaning & Disinfection Program

Presenter: Kate Tyner, RN, BSN, CIC

Project ECHO

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Objectives

1. Identify the process to review the disinfectants available in the facility and to ensure proper coverage for anticipated microorganisms in the facility

2. Discuss guidelines and best practices surrounding the selection of disinfectants to meet infection prevention and control needs in your facility

3. Describe elements of an environmental cleaning and disinfection audit for the purpose of quality assurance practices and improving compliance

You are the person assigned infection prevention in a facility. During your routine facility "walking rounds," you identify that the vital signs cart is visibly dirty.

In order to solve the immediate problem, you scan the environment for a cleaning product so you can disinfect the item yourself.

You find 3 different products.

- The cleaning/disinfectant spray that has been approved for the area is empty
- 2 additional disinfectant wipes packages are found, neither one has been approved for use by the infection control committee/ are not familiar to you

What Are Your Infection Concerns?

Please Put Them Into the Chat or Call Them Out

List Your Concerns

Shared patient equipment can spread pathogens, including COVID-19.

Equipment is visibly dirty, so clearly staff members are not cleaning the equipment as expected, between every patient use.

Products are available for staff use that have not been vetted by the infection control committee. We don't even know if they are effective against COVID-19, or other pathogens.

Disinfectants Available and their Coverage

ICAP
Infection Control Assessment and Promotion Program

Common Methods to Acquire Cleaning and Disinfection Products

- Provided by a cleaning company
- Provided as part of a larger product contract
- Ordered by unit staff from a product catalog for a buying group
- Selected by committee

Common Workarounds

- Managers purchase their own, such as using company purchase cards
- Product shortages
  - Automatic substitutes
  - Alternatives provided by an outside entity
- Specialized equipment that requires a specific product (such as related to equipment warranty)

Gaining Control

Rounding to identify what is available

Surveying managers or leads to identify what they are using

Gain assistance from purchasing department to identify sku's that have been ordered associated with the ordering department

How to Read a Disinfectant Label

Active Ingredients:
What are the main disinfecting chemicals?

Directions for Use (Instructions for Use):

Where should the disinfectant be used?

What germs does the disinfectant kill?

What types of surfaces can the disinfectant be used on?

How do I properly use the disinfectant?

Precautionary Statements:
How do I use this disinfectant safely? Do I need PPE?

First Aid:
What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal:
How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

PROJECT FIRSTLINE

EPA United States Environmental Protection Agency

WWW.CDC.GOV/PROJECTFIRSTLINE

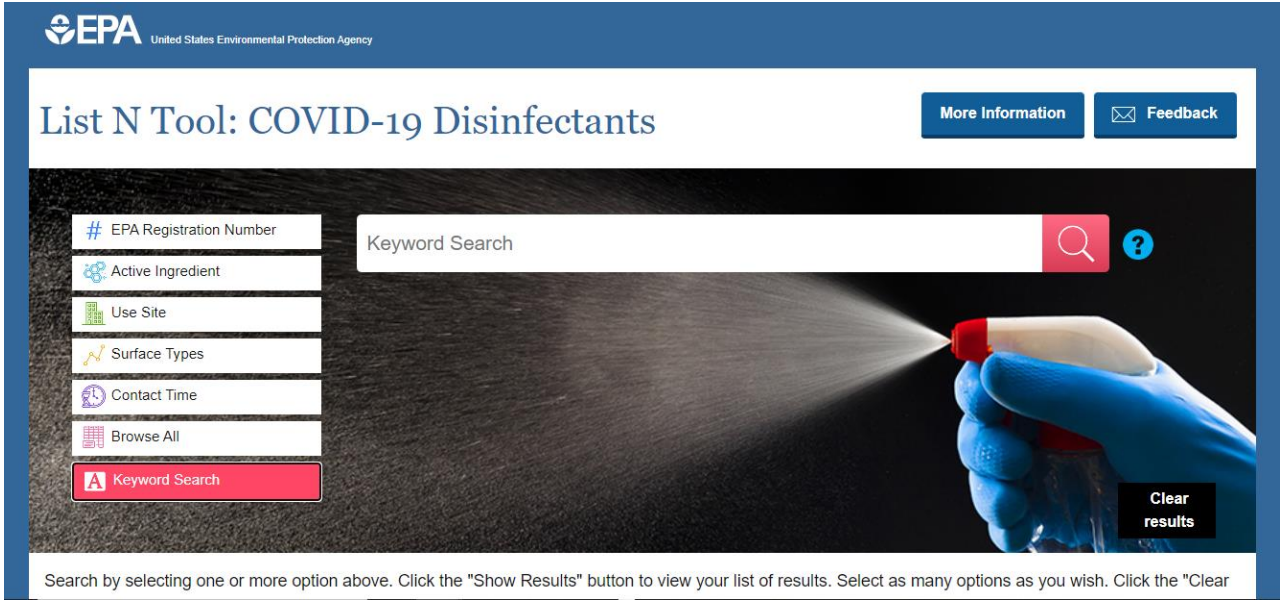
Contact Time
Kill Time
Dwell Time
Wet Time

This is the amount of time a disinfectant needs to sit on a surface, without being wiped away or disturbed, to effectively kill germs.

Product Picture/Label	Product Name	Dilution	Contact Time	Facility Uses	Notes
	All Purpose Virex Disinfectant Cleaner	Ready to use	**5 minutes**	Kills Norovirus, VRE, and MRSA. Meets bloodborne pathogen standards for decontaminating blood and body fluids.	Allow product to penetrate and remain wet for recommended contact time. Wipe with a clean cloth, and rinse with potable water.
	Ecolab Peroxide MultiSurface Cleaner and Disinfectant	6 oz/ gallon = 1:21.3	6 oz/ gallon = 1:21.3 **5 minute contact time**	Cleaning and Disinfecting of floors in the dining area and bathrooms.	Pre clean heavily soiled areas. Apply solution to surface, and wet thoroughly. Allow surface to remain wet for the required time.
	Lysol Disinfectant Spray	Rea			Hold can upright 6"" to 8"" from surface. Spray 3 to 4 seconds until covered with mist. Surfaces must remain wet for 3 minutes then allow to air dry. For Norovirus surfaces must remain wet for 10 minutes then allow to air dry

What's missing?

Use EPA List N



https://cfpub.epa.gov/wizards/disinfectants/

List N Tool: COVID-19 Disinfectants

More Information | Feedback

Registration Number	Ingredient(s)	Name	Company	preparation for the following virus	Time (in minutes)	Type	Type	Use Site	Why is this product on List N?
70627-23	Quaternary ammonium	Virex™ II/ 64	Diversey Inc	Human coronavirus	10	Dilutable	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Healthcare; Institutional	Kills a human coronavirus similar SARS-CoV-2 (COVID-19)
70627-24	Quaternary ammonium	Virex™ II / 256	Diversey Inc	Adenovirus Type 2	10	Dilutable	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Healthcare; Institutional	Kills a harder-to-kill pathogen than SARS-CoV-2 (COVID-19); Emerging viral pathogen claim
70627-84	Quaternary ammonium	Virex Plus	Diversey, Inc	SARS-CoV-2	1	Dilutable	Hard Nonporous (HN)	Healthcare; Institutional; Residential	Tested against SARS-CoV-2 (COVID-19); Emerging viral pathogen claim

Product Picture/Label	Product Name	Dilution	Effective for COVID-19	Contact Time	Facility Uses	Notes
	All Purpose Virex Disinfectant Cleaner	Ready to use	YES	**10**	Kills Norovirus, VRE, and MRSA. Meets bloodborne pathogen standards for decontaminating blood and body fluids.	Allow product to penetrate and remain wet for recommended contact time. Wipe with a clean cloth, and rinse with potable water.
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	Lysol Disinfectant Spray	Ready to use	No not listed	10 minutes	?	Hold can upright 6"" to 8"" from surface. Spray 3 to 4 seconds until covered with mist. Surfaces must remain wet for 3 minutes then allow to air dry. For Norovirus surfaces must remain wet for 10 minutes then allow to air dry

Do Your Disinfectants Meet Infection Prevention and Control Needs in Your Facility?

ICAP
Infection Control Assessment and Promotion Program

Product Picture/Label	Product Name	Dilution	Effective for COVID-19	Contact Time	Facility Uses	Notes
	All Purpose Virex Disinfectant Cleaner	Ready to use	YES	**10**	Kills Norovirus, VRE, and MRSA. Meets bloodborne pathogen standards for decontaminating blood and body fluids.	Allow product to penetrate and remain wet for recommended contact time. Wipe with a clean cloth, and rinse with potable water.
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What Are Your Infection Concerns?

Please Put Them Into the Chat or Call Them Out

Infection Prevention Concerns

Only 1 agent effective against COVID-19

COVID-19 agent has a 10 minute contact time

No disposable wipe option

Choosing an Additional Product

Engage the Users

What surfaces need to be cleaned and disinfected?

What special equipment should be considered?

How much time is available between patients?

Who cleans what?

Selection of Disinfectants

Considerations to Make

- Speed of disinfection
- Dwell Time/ Contact Time
- Cleaning ability
- Personnel health and safety
- Cost
- Surface compatibility/ instructions for use for the surface
- Application method (wipes, bucket immersion, pour bottles, and sprays)

Rutala, W., and Weber, D. Disinfectants used for environmental disinfection and new room decontamination technology. AJIC Vol 41, Issue 5, Supplement, S36-S41, May 01, 2013
https://doi.org/10.1016/j.ajic.2012.11.006

Dispensing Stations vs. Ready to Use

Dispensing Stations

- Dilution can vary over time, so validation process important to measure effectiveness
- Cost effective, mixing as needed at point of use
- Chemical distributed in concentrate form, higher yield.

Potential splash risk, must use PPE (gloves, goggles)

Ready to Use

- Comes pre-mixed, dilution is always to manufacturer's instructions for use
- Costly on per-use scale
- Requires significant amount of storage

Selection of Disinfectants

Rutala, W., and Weber, D. Disinfectants used for environmental disinfection and new room decontamination technology. AJIC Vol 41, Issue 5, Supplement, S36-S41, May 01, 2013 https://doi.org/10.1016/j.ajic.2012.11.006

Cleaning, Followed by Disinfection

Spray-wipe-spray

If using liquid disinfectant:

1. User sprays the surface with the disinfectant
2. Wipe it using a disposable towel to clean the surface
3. Followed with another "spray" to disinfect the surface (allowing contact time to disinfect)

Wipe-discard-wipe

If using disposable disinfectant wipes:

1. User uses one wipe to clean the surface
2. discards the wipe,
3. Use a second wipe to disinfect the surface.

** Note Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use.

Cleaning & Disinfecting Environmental Surfaces | FAQs | Infection Control | Division of Oral Health | CDC

Goals

1. Removal of the aerosol product.
    a) No one could identify what it was being used to disinfect
    b) Very long contact time
    c) Not effective against COVID-19

2. Addition of a disposable wipe for frequently used patient equipment
    a) Looking for COVID-19 coverage
    b) Looking for shorter contact time, 3 minutes or less

Related Terms and Tips

ICAP
Infection Control Assessment and Promotion Program

Cleaning

- Cleaning is the necessary first step of any disinfection process.
- Cleaning removes organic matter, salts, and visible soils, all of which interfere with microbial inactivation.
- The physical action of scrubbing with detergents and surfactants and rinsing with water removes substantial numbers of microorganisms.
- If a surface is not cleaned first, the success of the disinfection process can be compromised.
- Removal of all visible blood and inorganic and organic matter can be as critical as the germicidal activity of the disinfecting agent.
- In some environments, surfaces that cannot be easily cleaned adequately, should be protected with barriers.

Cleaning & Disinfecting Environmental Surfaces | FAQs | Infection Control | Division of Oral Health | CDC

Bucket Immersion or Open Bucket Method

- Bucket is pre-filled with disinfectant solution (mixed to manufacturer's instructions for use), usually with a filling station.
- **Clean** cleaning cloths are placed in the bucket to soak
- The object or surface is cleaned with sufficient saturation that the disinfectant stays on the surface, wet for the prescribed contact time.

- ✓ Wipes are only removed from the bucket, never double dipped
- ✓ Dirty rag bag is needed on the ES cart
- ✓ Change rags as needed to ensure saturation

Environmental Services Cleaning Guidebook.pdf (mnhospitals.org)

Nebraska ASAP Environmental Cleaning in Healthcare, part 1 setting up the cart

Clean, Sanitize, or Disinfect?

Action	What does it do?	Does EPA regulate the product?
Cleaning	Cleaning removes dirt and organic matter from surfaces using soap or detergents.	EPA regulates cleaning products only if they sanitize or disinfect.
Sanitizing	Sanitizing kills bacteria on surfaces using chemicals. It is not intended to kill viruses.	Yes, EPA registers products that sanitize.
Disinfecting	Disinfecting kills viruses and bacteria on surfaces using chemicals.	Yes, EPA registers products that disinfect.

EPA What's the difference between products that disinfect, sanitize, and clean surfaces?
https://www.epa.gov/coronavirus/whats-difference-between-products-disinfect-sanitize-and-clean-surfaces

Putting it All Together: the IP Audit

ICAP
Infection Control Assessment and Promotion Program

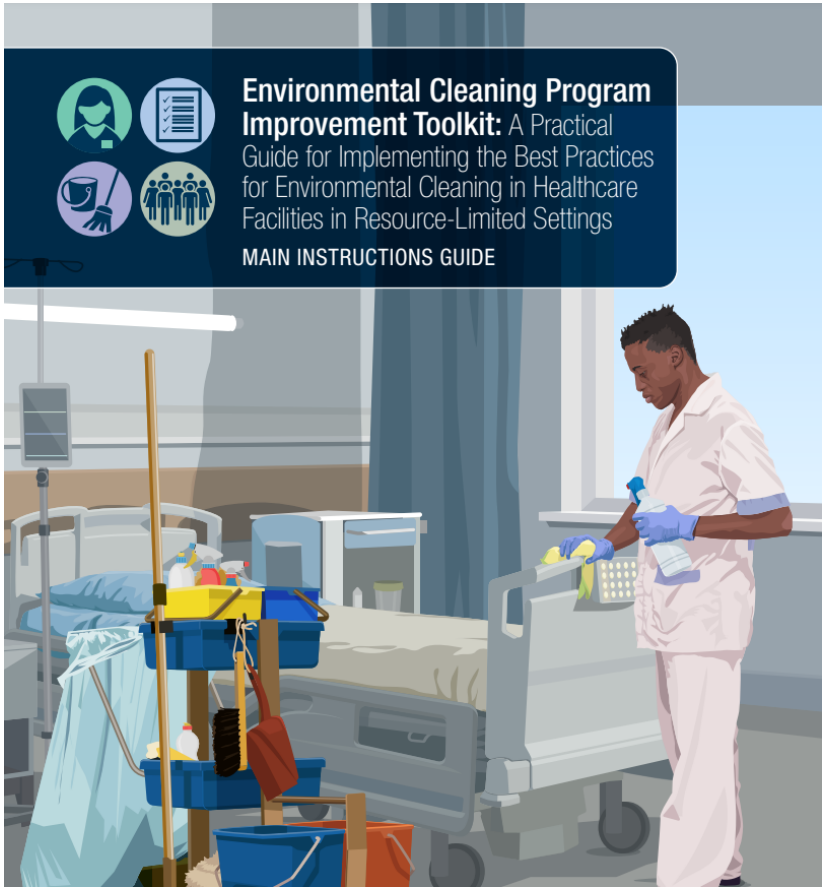
How will we know if the proper procedures are in place?

During environmental cleaning procedures, **personnel wear appropriate PPE** to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	**O Yes** **O No**
Environmental **surfaces in patient care areas are cleaned** and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), **when spills occur and when surfaces are visibly contaminated.**	O Yes O No
High-touch surfaces (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in patient bathrooms) are **cleaned and disinfected more frequently than minimal-touch surfaces**.	O Yes O No
After a patient vacates a room, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	O Yes O No

CMS 2015 Hospital Infection Control Worksheet - Public.pdf

Cleaners and disinfectants, including disposable wipes, are **used in accordance with manufacturer's instructions** (e.g., dilution, storage, shelf-life, contact time	**O Yes** **O No**
Separate clean (laundered if not disposable) cloths are used to clean each room and corridor.	O Yes No O
Mop heads and cleaning cloths are laundered at least daily using appropriate laundry techniques (e.g., following manufacturer instructions when laundering microfiber items)	O Yes No O
The **hospital decontaminates spills of blood or other body fluids** according to its policies and procedures, **using appropriate EPA-registered hospital disinfectants**	O Yes No O

CMS 2015 Hospital Infection Control Worksheet - Public.pdf



https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-toolkit-guide-508.pdf

Minnesota Hospital Association

Controlling CDI
ENVIRONMENTAL SERVICES

Environmental Services Cleaning Guidebook

Project ECHO

Environmental Services Cleaning Guidebook
https://www.mnhospitals.org/Portals/0/Documents/ptsafety/CDICleaning/4.%20Environmental%20Services%20Cleaning%20Guidebook.pdf

ICAP

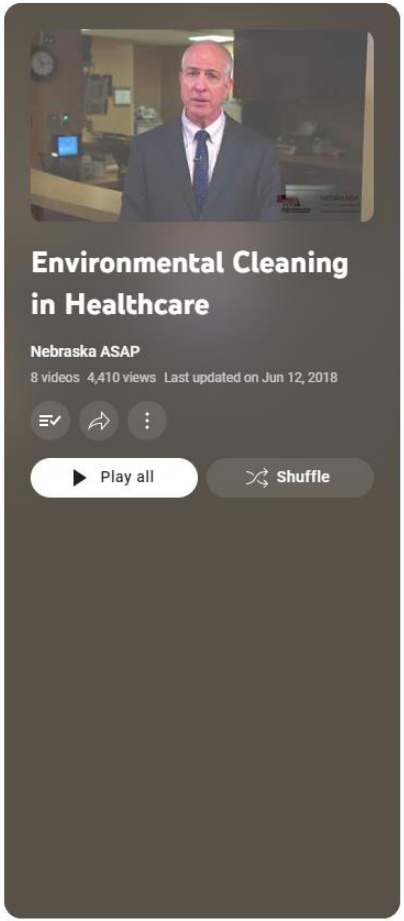
High touch surface monitoring tool

Date: _____ Room#: _____ Employee#: _____ Unit: _____ _ Auditor Initials: _____

Patient Room	Pass	Fail	Patient Restroom	Pass	Fail
Bed Handrails	☐	☐	Toilet seat	☐	☐
Nurse call light/box	☐	☐	Toilet flush handle	☐	☐
Overbed tray table	☐	☐	Toilet handrails/ grab bar	☐	☐
Telephone	☐	☐	Faucet handle(s)	☐	☐
Light Switch	☐	☐	Door handles (both)	☐	☐

Total Score: _____ Pass/Fail

Environmental Services Cleaning Guidebook; Attachment D High Touch surface card
https://www.mnhospitals.org/Portals/0/Documents/ptsafety/CDICleaning/4.%20Environmental%20Services%20Cleaning%20Guidebook.pdf



1 Environmental Cleaning in Healthcare: Introduction
Nebraska ASAP • 4K views • 4 years ago

2 Environmental Cleaning in Healthcare Part 1: Set up the Cleaning Cart
Nebraska ASAP • 42K views • 4 years ago

3 Environmental Cleaning in Healthcare Part 2: Perform Hand Hygiene
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8 Environmental Cleaning in Healthcare Part 7: Clean and Disinfect High-Touch Surfaces
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Nebraska ASAP & ICAP Environmental Cleaning in Healthcare
https://www.youtube.com/playlist?list=PLUK2nSFZhL9k-a1mc_ksZeTyDUa5he9O

Questions?

Call us at 402-552-2881

The Joint Commission Important Updates

Project ECHO

UNMC

Elevation of Health Care Equity Standard to a National Patient Safety Goal

- **Effective July 1, 2023**, Leadership Standard will be elevated to a new National Patient Safety Goal **NPSG.16.10.01** for ambulatory care organizations, behavioral health care and human services organizations, critical access hospitals, and hospitals.

- To increase the focus on improving health care equity versus reducing health care disparities.

- Organizations will still be required to implement the following six elements of performance (EPs) as risk areas :

1. Identify an individual to lead activities to improve health care equity.
2. Assess patients' health-related social needs.
3. Analyze quality and safety data to identify disparities.
4. Develop an action plan to improve health care equity.
5. Act when the organization does not meet the goals in its action plan.
6. Inform key stakeholders about progress to improve health care equity

Case Discussion

Today's Topic

Applying Systems Thinking

ERROR CLASSIFICATION

ENVIRONMENT	
Climate/Culture	**Physical Environment**
• Attitudes and actions allow unsafe acts • Overconfident or underconfident	• Concentration, vision, hearing or movement impaired

LEADERSHIP	
Operational Planning	**Supervisory Ethics**
• No provision for adequate training » Role/responsibilities not defined » Rule/policies and/or procedure not defined • Failure to correct known and/or identified problems • Employees not fully aware or capable of work to be done • No formal team training provided	• Permits workers to perform tasks outside of scope and licensure or qualification

ERROR CLASSIFICATION

HUMAN FACTORS			
Information Technology	**Equipment**	**Scheduling**	**Resources**
• Computer hardware or software problems • EMR issues • Information security issues	• Usability issue • Warning system or automated system issues • Biomed interface problems: hardware or software	• Fatigue • Rushed or delayed necessary action • Task overload • Competing priorities	• Failure to use available resources • Appropriate resources not available when needed • Appropriate resources not purchased, funded • Failure to remove defective resource

HUMAN FACTORS		
Training	**Training**	**Failure Mechanism of Communication**
• Improper use of equipment • Inadequate report provided • Inadequate maintenance of equipment	• Procedure or checklist not followed • Wrong procedure or tool chosen for task • Team training failure (Team trained but failed) » Poor team dynamics » Team specific coordination failures » Team specific communication failures (Occasion | Audience | Content | Purpose)	• Confidentiality lost • Conveyance poor (written, electronic or verbal)

Case Discussion

You are the person assigned to infection prevention in a facility. During your routine facility "walking rounds," you identify that the vital signs cart is visibly dirty.

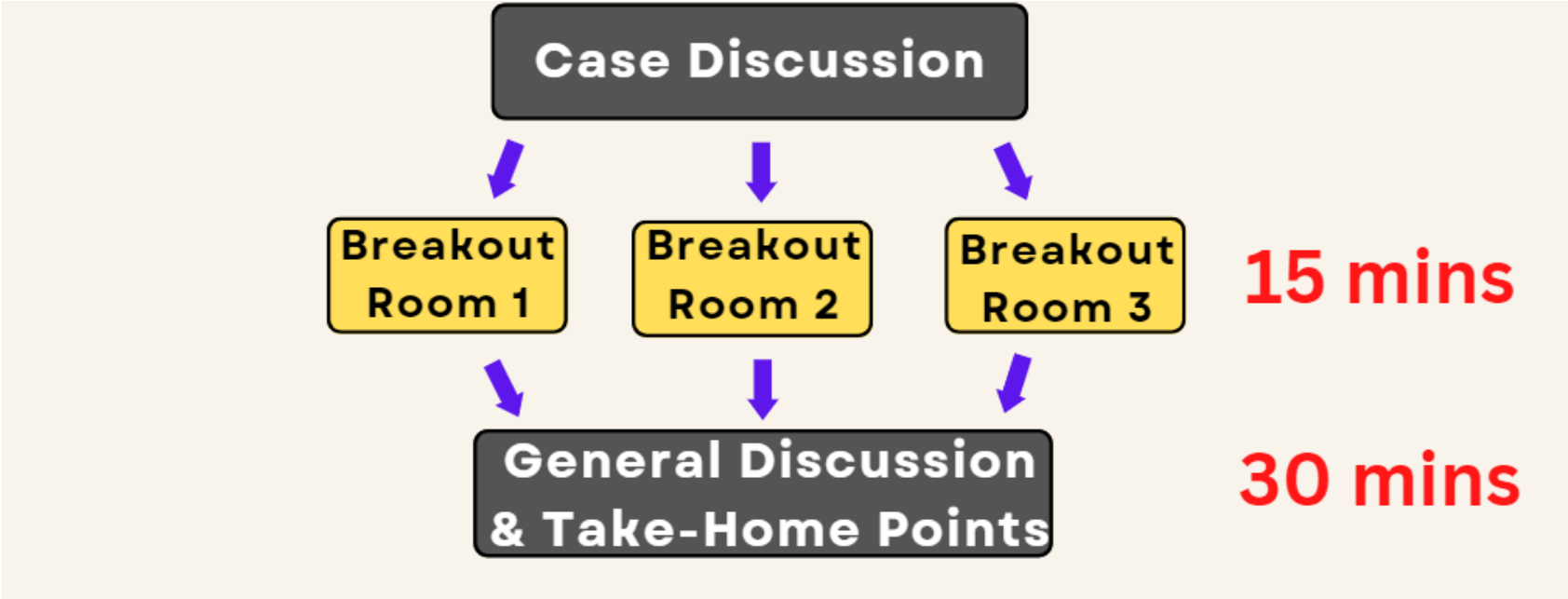
You would like to improve the reliability of cleaning processes for this piece of equipment.

Breakout Groups

Instructions:

Each group will be assigned three of the categories from the VA Human Factors framework and asked to consider what human factors in these categories might be relevant to our case

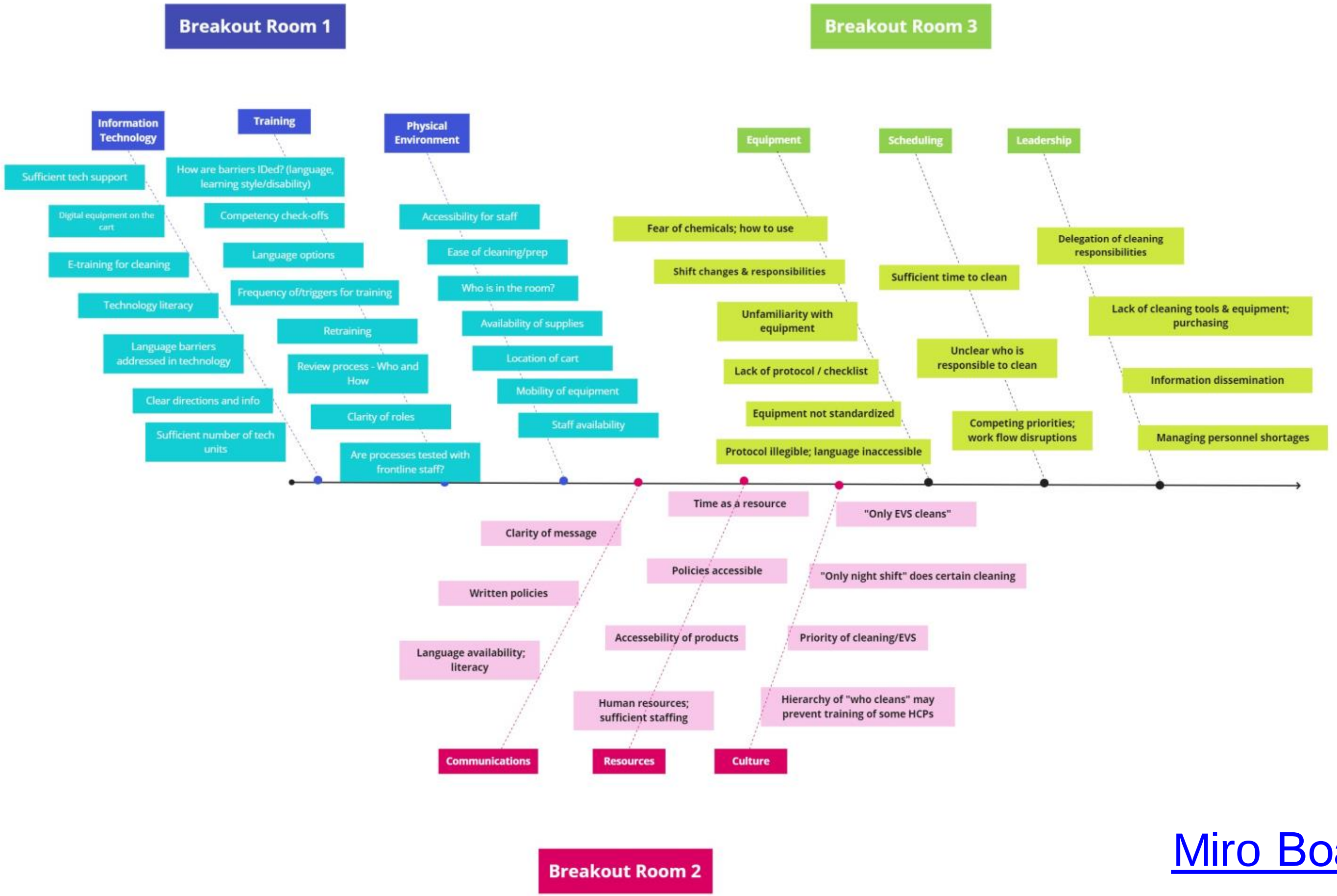
1. Information Technology
2. Equipment
3. Scheduling
4. Resources
5. Training
6. Communications
7. Leadership
8. Physical Environment
9. Culture


Case Discussion
Breakout Room 1
Breakout Room 2
Breakout Room 3
15 mins
General Discussion & Take-Home Points
30 mins

Ground Rules

1. Be present & turn on your videos
2. Make Space, Take Space
3. ELMO: Enough Let's Move On
4. Take the lessons, leave the details
5. Assume positive intent
6. Be open to learning
7. Building, not selling
8. Yes/and, both/and

You would like to improve the reliability of cleaning processes for the vital signs cart in your facility. What human factors might be relevant?



[Miro Board](#)

miro

General Discussion

Each group has five minutes to:

1. Share the human factors identified for their three categories
2. Receive feedback from participants in other groups
3. Receive feedback and comments from faculty

Language and Literacy

Consider human factors related to training in the context of your daily work:

1. How do you train people whose primary language is not English?
2. How do you train people with limited literacy?

Follow Through

How would you know that changes to training are happening?

1. What questions might you ask, and of whom?
2. How might you use observation?

Current State of COVID-19 in Nebraska

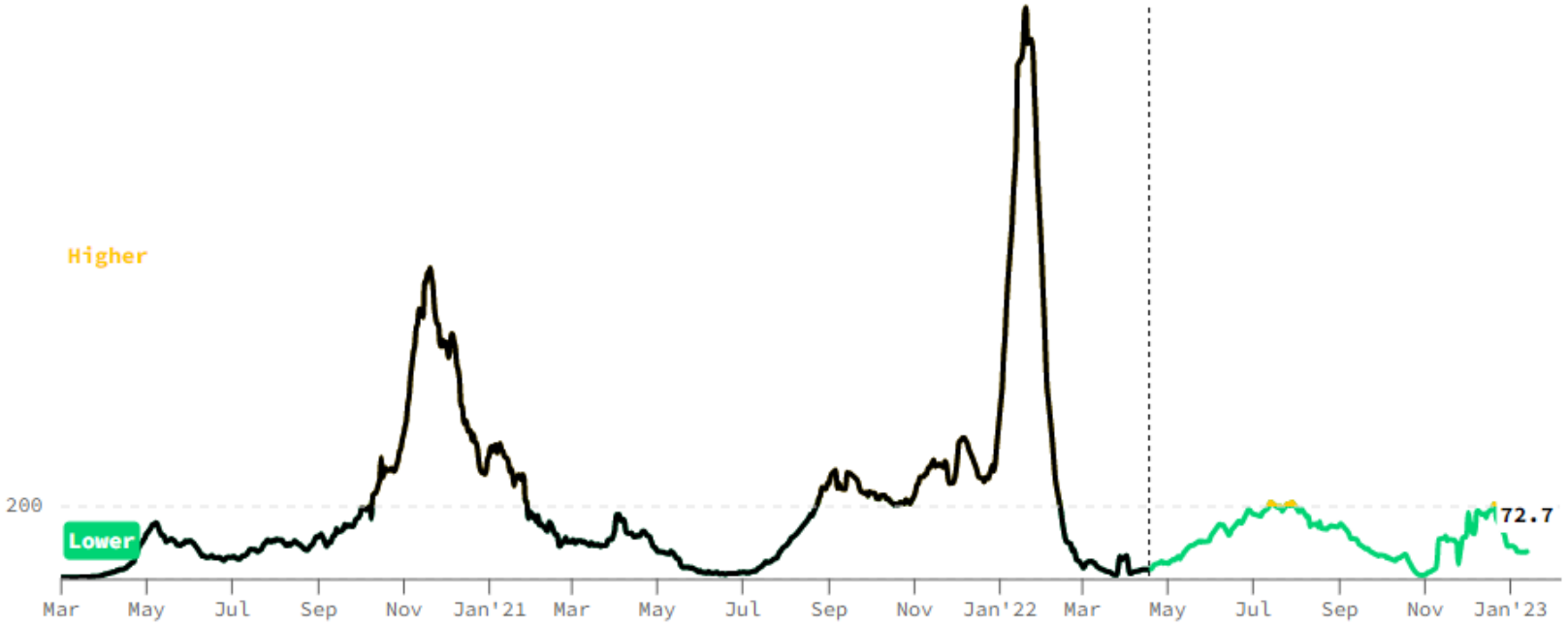
Project ECHO®

UNMC

Nebraska COVID-19 Statistics

Community risk level metrics

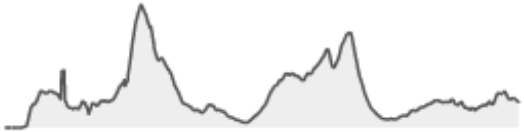
WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
• 72.7 PER 100K	• 9.0 PER 100K	• 4.6% OF ALL BEDS



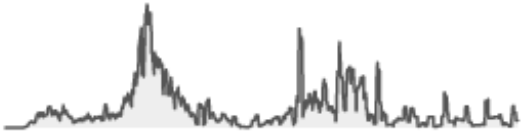
Nebraska COVID-19 Statistics

Test positivity rate

Hospitalized



Deaths



	DAILY AVG. ON JAN. 16	PER 100,000	14-DAY CHANGE
Cases	201	10	–17%
Test positivity	11%	—	–19%
Hospitalized	212	11	–11%
In I.C.U.s	26	1	–13%
Deaths	2	<1	+357%

https://www.nytimes.com/interactive/2021/us/nebraska-covid-cases.html

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Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%
10/19/22	54.3	4.4	160	3.1%
11/2/22	61.6	6.0	177	3.9%
11/16/22	100.3	8.2	203	4.9%
12/7/22	126.2	15	290	6.4%
12/21/22	182.5	11	300	6.2%
1/4/23	88.3	9.4	228	5.2%
1/18/23	72.7	9.0	212	4.6%

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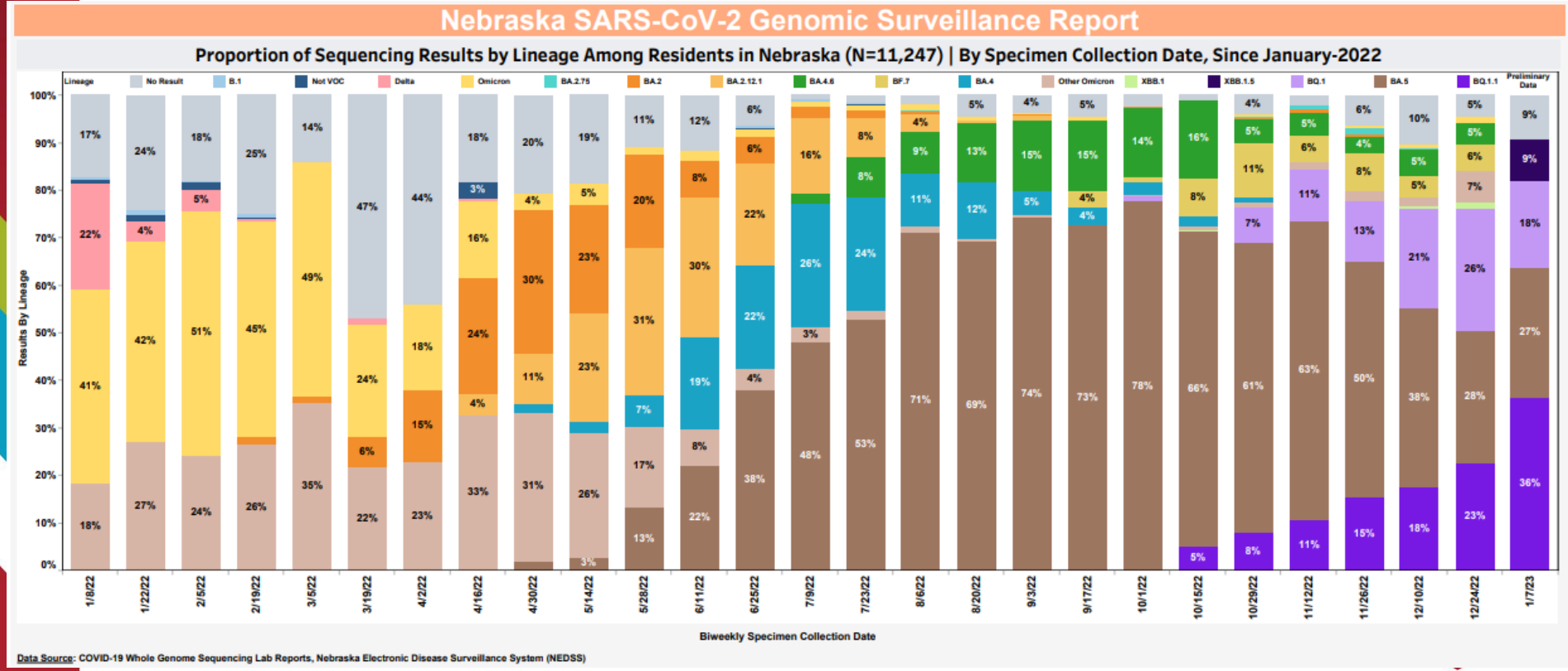

POLL

Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email

2. Next session will be on **February 1st** on:

- Didactic: Quality Improvement: ***Spread & Scale***

- Discussion Topic: ***Strategies for Applying Data to Health Disparities***

Poll Results

Thanks