

We feel that electronic audio reminders are helpful as a means to combat the spread of multi-drug resistant organisms and *Clostridium difficile* infection.

Session EC-075

12:30-1:30 p.m.

The Journey to Disinfection & Sterilization Competencies in the Acute and Ambulatory Care Settings

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BACKGROUND: Disinfection & Sterilization (D&S) is a key component of Infection Prevention and Control (IPC) programs. Recent outbreaks associated with cleaning, D&S of devices has created greater emphasis on appropriate training of staff engaged in the D&S process. A major medical center has provided annual D&S training workshops for over 20 years. This training was expanded to ensure D&S competencies for each associate in the acute and ambulatory care settings.

METHODS: A detailed written documentation on cleaning, D&S practices was incorporated into the acute and ambulatory care IPC manuals. The D&S journey expanded from annual training via lecture, demonstration and train the trainer format, to the creation of online training modules for cleaning, D&S, required annually and upon hire. Competency tools and a quarterly check list were created for use by the responsible site manager. A document was written to describe the general principles for competency, D&S practices, which incorporated training, audit, feedback and infection control standard practices.

RESULTS: The online training modules provided printed certificates for documentation of training and electronic reports. The annual competencies for each associate and the quarterly audits were used to assess compliance with performance criteria and to document abilities and skills in meeting performance expectations.

CONCLUSIONS: Our journey to expand D&S training by creating modules, competencies and check lists has provided a standardized approach to ensure that cleaning, D&S of devices is consistent in all acute and ambulatory care settings. Trained site managers serve as ambassadors for IPC, as they partner to monitor compliance of their teams.

Session EC-076

12:30-1:30 p.m.

The Novice Roadmap: Developing Infection Preventionists Through an Internship Role

Lynn Carosella, MA, BSN, RN, CIC, Infection Preventionist, HonorHealth; **Rebecca Leach, BSN, RN, MPH, CIC**, Infection Preventionist, HonorHealth; **Rebecca Ragar, MPH, MLS(ASCP)CM**, Infection Prevention Intern, HonorHealth; **Mark Marshall, MHI**, Infection Prevention Intern, HonorHealth; **Patricia Gray, BNSA, RN, CIC, FAPIC**, Network Director Infection Prevention, HonorHealth

BACKGROUND: There is a current shortage of qualified Infection Preventionists (IP) in the workforce leading to an inability to fill open

IP positions. We present the creation of an IP Intern position that uses the Association for Professionals in Infection Control and Epidemiology's (APIC) Roadmap for the Novice Infection Preventionist as a guide to transition IP Interns to full IP roles at the end of one year.

METHODS: Two IP Intern positions were created after approval from the Chief Medical Officer of a 5-hospital network. The job description for the IP Intern included the performance of all job functions of a full IP under the direction of an IP and in conjunction with the IP and department team. The "Roadmap" was used to assess each intern's skill and knowledge needs. The tasks, resources, and experiences listed in the "Roadmap" contributed to the development of a tailored training program for each intern based upon their needs. The interns were mentored through the "Roadmap" and IP job functions by an experienced IP. APIC webinars were used to supplement mentoring and observational experiences. Weekly intern progress reports were submitted to the Network Infection Prevention Director and mentoring IPs.

RESULTS: Two interns were hired: one with a Medical Laboratory Science/Master of Public Health background and one with a Safety/Master of Healthcare Innovation background. Both had healthcare experience. The mentoring IPs helped the interns learn the IP job functions through educational, observational, and hands-on experiences defined in the "Roadmap". Each intern had different educational needs: one needed emphasis on environment of care and the other on microbiology. The interns were given more responsibilities each month as they progressed toward becoming full IPs.

CONCLUSIONS: The "Roadmap" can be used to successfully prepare individuals with healthcare experience to fill a full IP position and prepare for certification.

Session EC-077

12:30-1:30 p.m.

Traveling in the Right Direction: Improving Infection Prevention Orientation for Short-Term Contracted Nurses

Mary Miller, RN, BSN, CIC, Infection Preventionist, Kennedy Health; **Lea Ann Kellum, MSN, RN, CCRN, CEN**, Critical Care Clinical Educator, Kennedy Health; **Marianne Kraemer, RN, MPA, ED M, CCRN**, Chief Nursing Officer; Administrative Director Infection Control and Prevention, Kennedy Health

BACKGROUND: At our hospital, the infection preventionist (IP) completes a "drill-down" on every device-related healthcare-associated infection (HAI). During a cluster of HAIs in first quarter 2015, the IP, while doing chart reviews, noticed new staff member names. Upon further inquiry, it was discovered that the hospital was using "travelers"- short-term contracted nurses. Although travelers are important to help maintain safe staffing levels, the IP was concerned about the abbreviated orientation received in regards to infection prevention. After questioning a couple of the travelers, it was apparent there were some knowledge gaps.

METHODS: The IP, in conjunction with the infection prevention team and the clinical educator, discussed ways of improving the orientation for travelers. Goals were: to assess the orientation they presently received in regards to infection prevention policies, and to ascertain if a quiz was administered in relation to said information; to obtain names of the short-term contracted nurses and the units