Achieving Faculty Support for and Compliance with Infection Prevention and Control Protocols

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What is Compliance?

- Main Entry: compliance
- Pronunciation: \kɔm-\ pli-ən(t)s\n- Function: noun
- Date: circa 1630
- 1 a : the act or process of complying to a desire, demand, proposal, or regimen or to coercion b : conformity in fulfilling official requirements
- 2 : a disposition to yield to others
- 3 : the ability of an object to yield elastically when a force is applied

Regulatory Compliance

- “Conforming to a rule, such as a specification, policy, standard or law. “
- “Regulatory compliance describes the goal that organizations, institutions, or public agencies aspire to in their efforts to ensure that personnel are aware of and take steps to comply with relevant laws and regulations.”
Why Do We Want Faculty to Support and Comply with Infection Control Protocols

• The Educational Institution and Faculty have ethical obligations to ensure patient and student safety
• Clinical Faculty are the Student’s IC Mentor
• The Institution has legal and regulatory obligations to ensure a safe work environment for employees (faculty and staff)
  – OSHA and other State/Federal Employment Regulations

Faculty as Teacher/Mentor
Factors that Impact Faculty Compliance

- Institutional administrative support for the Infection Control (IC) Program
- Awareness of faculty regarding the IC protocols
  - How are IC protocols communicated to faculty?
  - Is there a formal education and training program for faculty?
    - If yes, is it mandatory?
    - If yes, is there evaluation (e.g., pre-post test)
    - If yes, what is the frequency of education and training

Factors that Impact Faculty Compliance

- Evaluation measures of IC protocol compliance
  - Do faculty evaluate infection control compliance of students as part of the clinical evaluation of patients?
  - Is there evaluation of faculty compliance with infection control protocols?
- Rules and Consequences for faculty regarding compliance with IC protocols
  - Are there rules and consequences regarding compliance?
  - If yes, are the rules and consequences the same for Full Time vs. Part Time faculty?

Metrics to Measure Compliance

- What metrics do you use in your program to measure the success of your compliance initiatives?
- What metrics do you wish your program had in place for such measurement?
Using Metrics to Measure Compliance

• Activities metrics answer the question: “What are we doing to improve faculty IC compliance and performance?”
• Process metrics answer the question: “How mature or reliable are our IC compliance measures/ tools?”
• Outcome metrics answer the question: “Are our compliance activities resulting in improved outcomes?”

Procedure Compliance

• Measure, report, and trend procedure compliance by evaluating
  • first, knowledge of the procedure,
  • second, actual performance of the procedure

Measures of Procedure Compliance

• Knowledge of the procedure
  – Education and training
  – Pre-Post Tests
• Actual performance of the procedure
  – Observation of procedure behaviors using
    • Data driven tools (e.g., checklists, audit forms, etc.)
    • Visuals (e.g., photos, videos, etc.)
Trend Compliance and Outcomes Information

- Weigh knowledge and procedure information against the findings from previous IC program assessments and audits to provide a better picture of compliance and noncompliance.
- Trend this data to identify weaknesses in faculty education and training, policies, and procedures.
- Develop implementable strategies to address the weaknesses

So...How Can You Improve, Reinforce and Sustain Compliance?

An Example

GEAR MODEL of Q&A Applied to Infection Control

- identifies noncompliance points in policies and procedures
- introduces actions intended to improve activities/behaviors to achieve a well defined compliance measure.

* This model was developed by Eve Cuny, MS
GEAR Model of Q&A

- Step 1: establish goals (G) for the program, such as the improvement in the quality or compliance of various clinical activities;
- Step 2: execute or experience (E) the clinical activity and monitor with QA tools such as report forms;
- Step 3: assess (A) that program (analyze trends in compiled data); and
- Step 4: insert responses (R) or intervention procedures to improve program sections with unacceptable outcomes.

Published Application of GEAR

- “The interventions employed were educational and informational for students and faculty, respectively. In meetings with our students and faculty, group practice administrators reviewed infection control techniques and discussed their importance. In July 2005, infection control became a regular part of our quarterly faculty orientations. These orientations are routinely held from 12:00 noon to 2:00 p.m. Monday through Friday of the first week of each quarter, so every faculty member can attend one session. Prior to this time, no systematic efforts at educational reinforcement of infection control protocol had been attempted once students entered their clinical years.”

Achieving Faculty Compliance with IC Protocols

- "An improving trend in infection control compliance was achieved because the clinical activities (wearing overgloves and proper positioning of the cart) were easy to observe and monitor and were of obvious value (avoiding cross-contamination), plus interventions were relatively simple to reinforce with faculty and students. The process of monitoring infection control compliance was repeatable because the same two group practice administrators were responsible for routine distribution, completion, and collection of infection control rounds forms. Since a student was notified of noncompliance at the time of inspection (for example, that the storage cart was on the wrong side of the patient chair), this became an individual intervention and a "teaching moment" that reinforced the behavior or compliance desired."


Successful Compliance Interventions

- **simple and easy** to understand and complete;
- **valuable** in a way that is evident to all health care workers and patients. The value should also be of significant quality and quantity to stimulate the health care worker to make appropriate decisions and actions;
- **measurable and observable** with clear, objective, quantifiable criteria;
- **repeatable in a pattern.**
  - Engage staff and faculty in activities that make processes more repeatable
  - Establish system controls and limitations that cannot be manipulated
  - Reinforcement with rules and rewards


Discussion – Your Experiences and Ideas