

Provider Education Breakout Group Report

Chris Fee, MD

Paula Karnick, PhD, RN (ENA representative)

John Kelly, MD

Stephen Liang, MD

James Luz, MD (EMRA representative)

Daniel Martin, MD (CORD representative)

Jay Schuur, MD, MHS

Deb Yokoe, MD

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**Infection Prevention in Emergency Care:
Strategies to Improve Practice**

October 7, 2011

Pre-Conference Survey

- ED staff receive specific IP training more than once/year on
 - Hand Hygiene 74.5%
 - None 21.3%
- Methods used to train IP practices
 - Staff/faculty meetings 68.8%
 - Computer-based learning (64.6%
 - Sim 8.3%

Pre-Conference Survey

- Compliance is measured and feedback provided:
 - Hand hygiene 75.5%
 - None 18.4%
- In last 3 month I have instructed one ED staff member on
 - Hand hygiene 45.8 %
 - None 43.8%

Breakout Group Process

- Determine ED IP education **content** strengths & gaps
- Determine **methodologies** best suited to educate ED providers in IP and translation to clinical activities
- Prioritize suggested ED IP education content and methodologies

Key Themes

- Content
 - Often late to recognize need for isolation/contact precautions
- Methodology
 - Importance of the safety culture
 - Importance of champions who “walk the talk”
 - Importance of timely feedback
 - Make the “invisible visible”

Voting Results - Content

Domain	Votes
Understanding transmission & control concepts -Educating staff on the importance of the culture of safety	13
Isolation Precautions (link between symptom/test and isolation) -LP = ? Meningitis -Diarrhea = ? C-diff	10
Contagious Diseases & Pathogen-Specific	8

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Voting Results - Methodology

Domain	Votes
QI feedback to individuals	14
Bedside teaching/encourage “safety” culture	12
Incorporate into M&M	11

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Next Steps: Dissemination

- Manuscript/White Paper
- Encourage explicit inclusion in EM Core Curriculum/Milestones and CEN Curriculum
- Consider developing standardized computer based learning modules specific to the ED setting