

Infection Prevention and Control: Improving Patient Safety Posttest and Rationale

1. A 54-year-old female with diabetes was admitted to the hospital for a bowel resection. On the third post-op day, the patient experienced tachycardia, her white blood cell count was slightly elevated, and her temperature was normal. Which of the following is TRUE?
 - The physician missed undeniable signs that led to a delay in care and fell outside the range of general standard practices and care.
 - This case may be reviewed and analyzed further to determine whether the evaluation and treatment was appropriate given the circumstances at the time of treatment or if the care was inadequate.
 - This is a typical scenario and, therefore, the physician had no need to review the potential sepsis risk factors as the symptoms of sepsis make the disease impossible to diagnose at an early stage.

The second choice is the preferred answer: Patients who are developing sepsis may first exhibit symptoms that are nonspecific, making diagnosis complicated; nonetheless, physicians must be alert to the possibility of sepsis and should use a combination of clinical judgment, complete vital sign consideration, investigation of potential sepsis risk factors, and appropriate patient examination. Consider utilizing sepsis and/or early warning screening tools in patient evaluations as appropriate.

2. For a community hospital, patient satisfaction scores demonstrate multiple areas for improvement including a need to improve responsiveness to patient needs and to improve physician and nursing communication. Based on these results, which of the following could cause low patient satisfaction scores?
 - Administration is prioritizing and leading departments to achieve organizational goals.
 - Department chairs, directors, and managers are openly discussing patient satisfaction scores.
 - Departments have daily huddles to discuss patient needs.
 - Departments are operating independently with little communication between units.

The fourth choice is the preferred answer: Responsiveness to patient needs requires effective communication between departments and staff. Inter-department friction and lack of effective standardized communication often result in waste, errors, delay, and unnecessary duplication of efforts. A continuous and lasting process improvement (PI) program requires teamwork that crosses traditional organizational lines. PI requires that all workforce members, departments, and units share in a unified purpose, direction, and commitment to improve patient safety.

3. The most prevalent causes of healthcare-acquired infections include unsterile surgical or procedure tools, antimicrobial resistance, improper handwashing techniques, and improper use of personal protective equipment (PPE). Is this a True or False statement?
- True
 - False

The first choice is the preferred answer: According to Health and Human Services (HHS), at any given time about 1 in 25 inpatients develop an infection related to hospital care, and the causes for infection overlap between the acute care and outpatient settings. The most prevalent causes of healthcare-acquired infections are unsterile surgical or procedure tools, antimicrobial resistance, improper handwashing techniques, and the improper use of PPE.

4. Sterilization and reuse of medical devices and disposables may jeopardize the safety of patients. Reusing single-use devices can lead to potentially profound consequences for the patient including:
- Cross infection and injury
 - Ineffective care
 - First and second choices
 - None of the above

The third choice is the preferred answer: Accreditation body standards for hospitals and health systems outline stringent requirements when considering the reuse of single-use medical devices and supplies. The standards reinforce the need for detailed policies and procedures, initial and ongoing monitoring, and thorough follow-up after an adverse clinical event linked to sterilization and medical device usage.