organized into thousands of instrument sets. Millions of instrument sets are reprocessed annually due to multiple use. Errors in processing may impact operations, post-surgical infection rates, and/or mortality. Upon review of error data within sterile processing, an analysis was performed that identified a need for process standardization and education.

Methods: A quality monitoring approach was developed to help identify and reduce errors in sterile processing. An education plan was implemented that included weekly in-services, individual training, process standardization, and modification of orientation program. Standard Operating Procedures (SOP) were created to help avoid missteps in daily operations. Visual, auditory, and kinesthetic learning methods were utilized. Competency was evaluated through observation. A solid orientation program helps instill confidence and demonstrates a commitment to success. An orientation packet was developed that included an employee and preceptor learning packet. Competency is evaluated throughout the orientation period at routine intervals. At the end of the 90-day training, competencies are reviewed to ensure fundamentals were retained and to gather overall feedback on the training program.

Results: Since beginning this initiative in 2018, quality errors have decreased from an average of 17 per month to three, which is an 80% sustained decrease. Immediate use steam sterilization (IUSS) rates decreased from 6% to less than 1%. This decrease contributes to increased patient safety through reduction of events that could potentially lead to mortality or infection, as well as reduces delays in surgical operations.

Conclusions: Surgical instrument processing errors are a barrier to the highest quality and safety in surgical care. However, these are modifiable through educational initiatives, standardization, and targeted resources. Implementation of SOPs and standardized training programs have shown success in reducing errors, leading to better quality outcomes, and improving patient safety.

ETC-43

Implementing Infection Prevention and Control (IPC) Practices Including COVID-19 Mitigation Strategies in a Skilled Nursing Facility

Jeffrey Mantes RN, O'Connor Hospital; **Bernadette P. Pandya-Orozco RN, MSN, PHN, CIC,** Santa Clara County O'Connor Hospital

Background: The All Facilities Letter (AFL) issued by the California Department of Public Health (CDPH) on November 9, 2020, informed all skilled nursing facilities (SNFs) of the passage of AB 2644 (Chapter 287, Statutes of 2020). This AFL requires SNFs to have a full-time, dedicated infection preventionist (IP), a plan for infection prevention, quality control, and annual infection prevention and control training for all healthcare personnel (HCP). Healthcare facilities are ideal settings for transmitting infections to residents, healthcare workers, their families, and communities.

Therefore, the objective was to assess compliance with infection prevention and control and standardized practices in Hand Hygiene, Personal Protective Equipment (PPE) donning and doffing, and Catheter-Associated Urinary Tract Infection (CAUTI) prevention bundle.

Methods: Hand Hygiene, PPE, and CAUTI competencies were developed to increase awareness and compliance with standardized practices. Hand Hygiene and CAUTI champions representing every shift in the unit were created to lead SNF staff in observing IPC practices. A direct observation tool was utilized to gather data, and just in time, feedback was provided to staff when opportunities in non-compliance were identified.

Results: The compliance rate in Hand Hygiene, PPE, and CAUTI prevention in 11 months increased from 69 % to 99 %.

Conclusions: Infection Prevention and Control practices are the most critical element in reducing healthcare-associated infection among residents and staff. Implementing IPC practices increased compliance in Hand Hygiene, PPE, and CAUTI prevention bundle. Comprehension of fundamental IPC practices is critical to health care systems, especially during a pandemic.

ETC-45

Time for Trivia − Adapting Methods of Providing Real Time Education During the COVID-19 Pandemic

Morgan C. Roush MPH, Swedish Seattle; **Joo Kim MSN, RN, CNL, CIC,** Swedish Seattle

Background: As we learn more about SARS-CoV-2 (COVID-19), caregivers are frequently adapting to changing guidance on how to safely care for patients. Given increased staffing shortages, high turnover, and burnout, caregivers require additional support to stay updated on the latest standards. To support caregivers, Infection Preventionists (IP) regularly round to identify gaps and provide education. Rounding often reveals an increased need for education on the latest policies as well as morale. While it initially consisted of audits with immediate feedback, there is a clear need to adapt this practice to effectively engage caregivers real time.

Methods: IP transitioned from audit sheet rounding to a trifold board labeled, "Trivia Time with Infection Prevention!" that incorporated uplifting messages, fun trivia, and COVID-19 education questions with candy as positive reinforcement for participation. Selecting COVID-19 questions was rewarded with an extra piece of candy to increase staff engagement on the topic. Prior to each rounding, IP evaluated COVID-19 questions to ensure that questions targeted any observed gaps in compliance and educated to recently updated standards. Rotating days and times, IP rounded to as many departments as possible, including but not limited to inpatient and outpatient departments, surgical services, environmental services, and nutrition.

Results: The visual transformation from clipboards to a trifold board drew a natural audience and caregivers were more welcoming of IP interrupting their workflow. Paired with rotated rounding, this provided effective education to multiple caregivers at one time throughout the campus. Overall, this strengthened rapport between caregivers and IP, boosted morale, improved caregiver understanding of COVID-19 policy changes, and stimulated further discussions beyond COVID-19 guidelines for additional education.

Conclusions: Changing our method of real time education demonstrates several positive outcomes that support adapting methods of providing education during the COVID-19 pandemic. This approach may be expanded to support additional educational demands outside of pandemic topics.