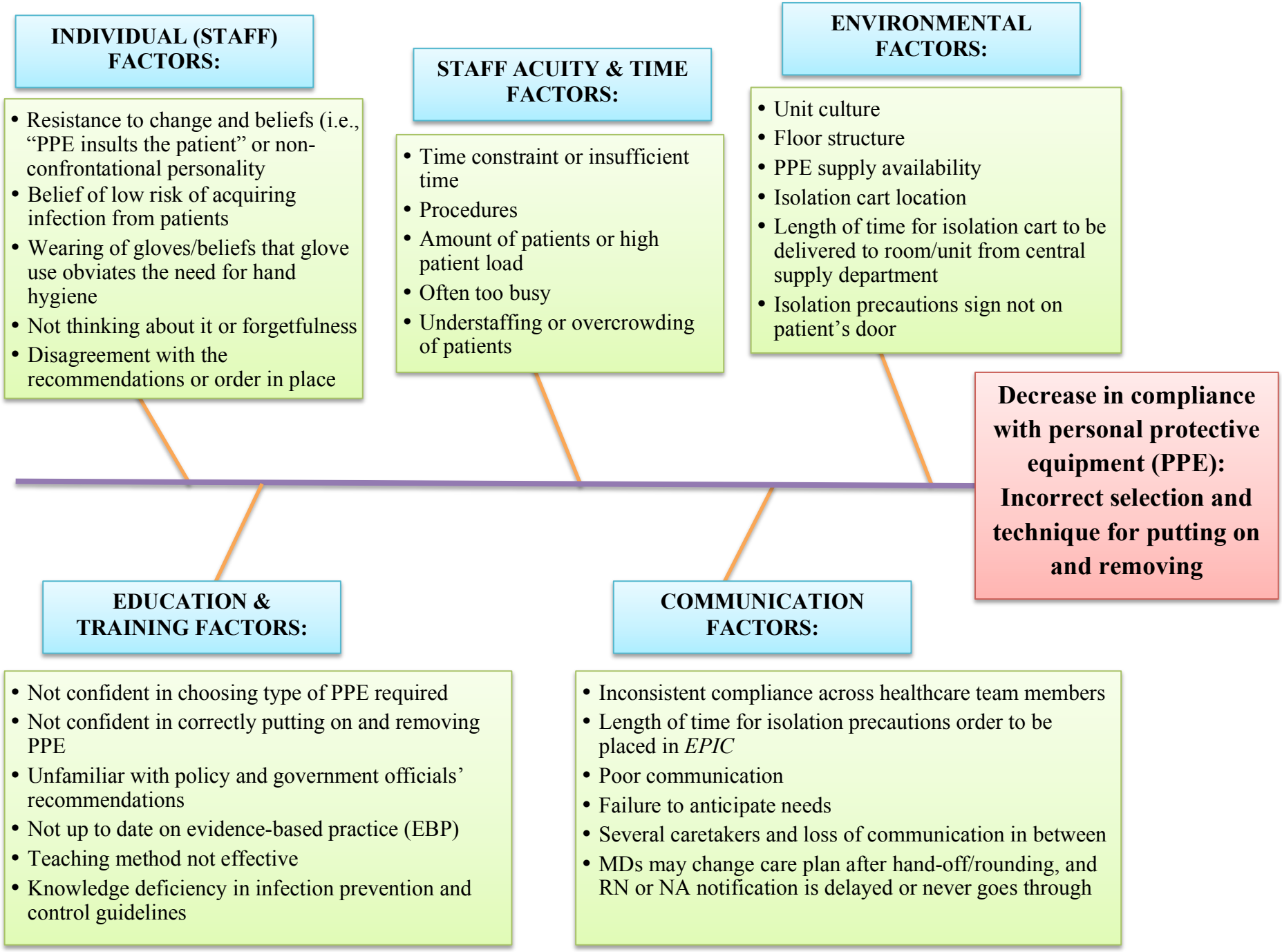
INDIVIDUAL (STAFF) FACTORS:
• Resistance to change and beliefs (i.e., "PPE insults the patient" or non-confrontational personality
• Belief of low risk of acquiring infection from patients
• Wearing of gloves/beliefs that glove use obviates the need for hand hygiene
• Not thinking about it or forgetfulness
• Disagreement with the recommendations or order in place
STAFF ACUITY & TIME FACTORS:
• Time constraint or insufficient time
• Procedures
• Amount of patients or high patient load
• Often too busy
• Understaffing or overcrowding of patients
ENVIRONMENTAL FACTORS:
• Unit culture
• Floor structure
• PPE supply availability
• Isolation cart location
• Length of time for isolation cart to be delivered to room/unit from central supply department
• Isolation precautions sign not on patient's door
Decrease in compliance with personal protective equipment (PPE): Incorrect selection and technique for putting on and removing
EDUCATION & TRAINING FACTORS:
• Not confident in choosing type of PPE required
• Not confident in correctly putting on and removing PPE
• Unfamiliar with policy and government officials' recommendations
• Not up to date on evidence-based practice (EBP)
• Teaching method not effective
• Knowledge deficiency in infection prevention and control guidelines
COMMUNICATION FACTORS:
• Inconsistent compliance across healthcare team members
• Length of time for isolation precautions order to be placed in EPIC
• Poor communication
• Failure to anticipate needs
• Several caretakers and loss of communication in between
• MDs may change care plan after hand-off/rounding, and RN or NA notification is delayed or never goes through