

Tonya Cochran, RN, BSN Coordinator of Nursing Services

Catharyn Schmidtke, RN Infection Control, Quality Improvement, RNII

TABLE PAPER

Barbara Tyler, MD, MPH

# Exam Table Paper - Is it really worth it?

Using a collaborative Quality Improvement (QI) effort to assist in the decision.



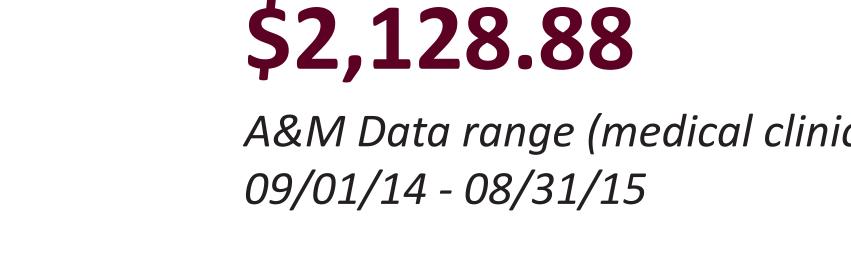
Debbie Nichols, RN, BSN

Kathy Mosteller, RN, BSN Nursing Director, Quality Improvement/Risk Management, Clinic Volunteer Program

PURPOSE: To provide data to support or refute the necessity of exam table paper on fully clothed patients in an ambulatory care setting.

## METHODS FOR DATA COLLECTION AND ANALYSIS





**SAMPLES:** 

50 without table paper). Collected from two exam rooms. Wipes were used between visits.

#### FINDING:

5 - 76 RLU's: Average of 21 RLU's. 7 - 96 RLU's: Average of 29 RLU's. Less than 500 is passing.

## \$5,625.75

UT Data range (total clinic): 04/01/15 - 03/31/16

#### CLEANING WIPES

3,682.05 A&M Data range (medical clinic): 09/01/14 - 08/31/15

5,625.75 04/01/15 - 03/31/16

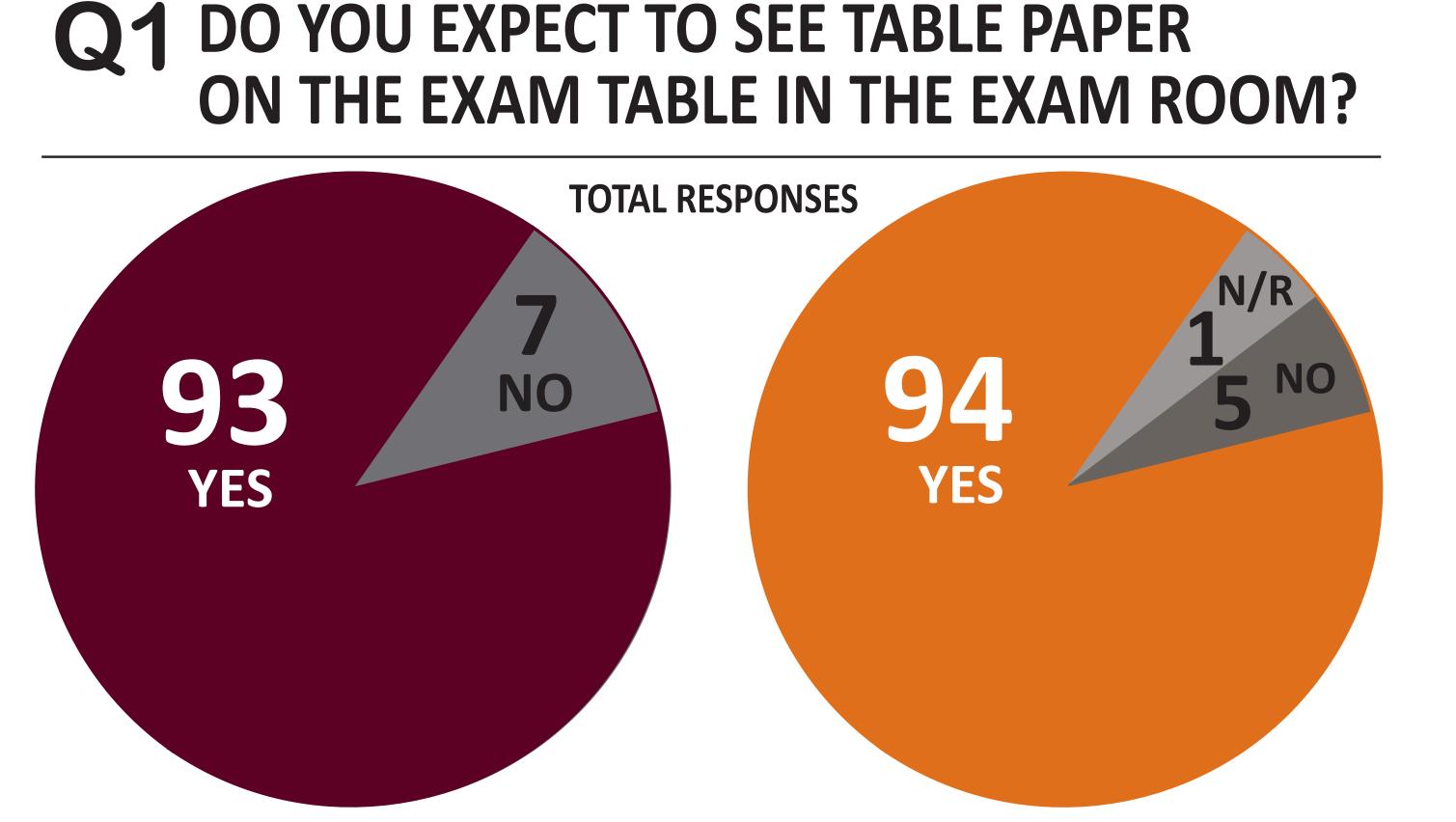
**SAMPLES:** was not used).

Collected from different rooms. No wipes were used between visits.

#### FINDING:

13 - 240 RLU's: Average of 66 RLU's. 9 - 289 RLU's: Average of 71 RLU's. Less than 500 is passing.





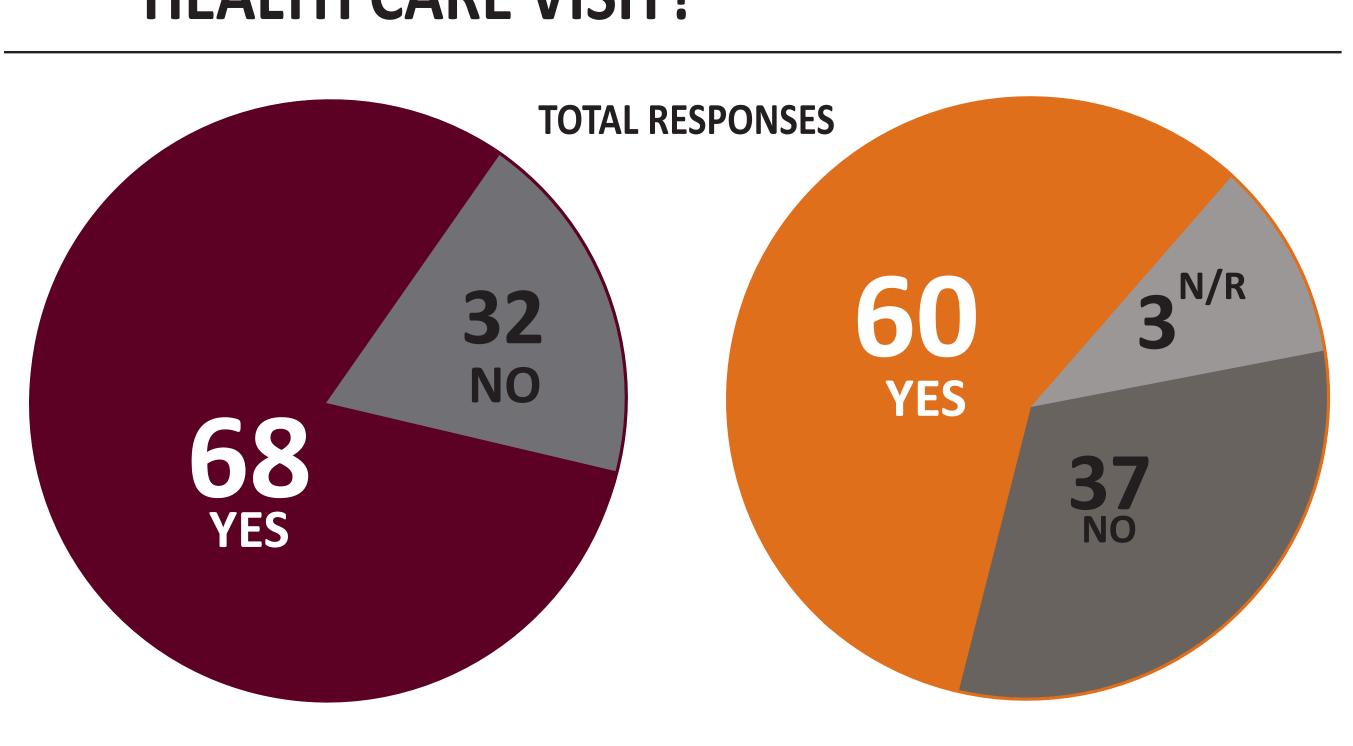
**Q4** WOULD THE FACT THAT YOU WERE WEARING

SHORTS VS. JEANS AFFECT YOUR DECISION?

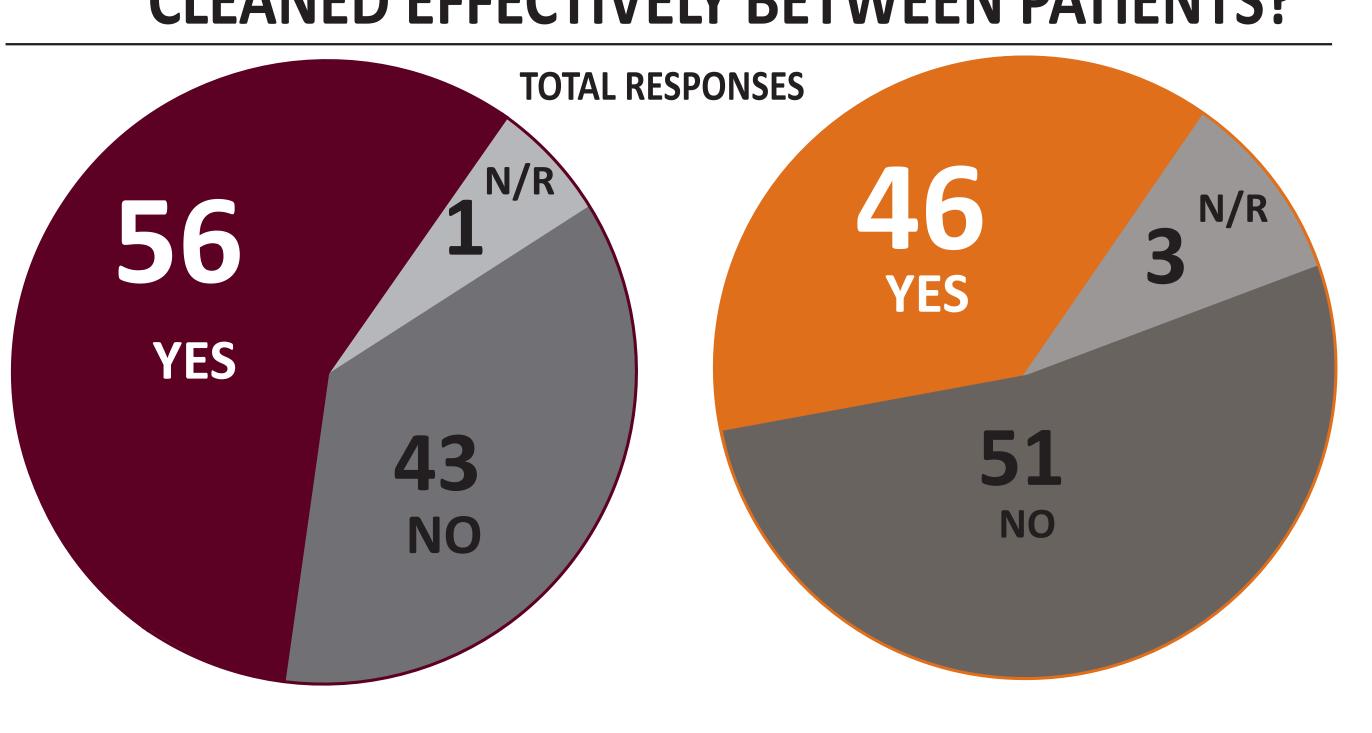
#### Q5 DO YOU PERCEIVE THE USE OF EXAM TABLE PAPER AS BEING A PART OF A QUALITY **HEALTH CARE VISIT?**

Q2DO YOU FEEL THAT EXAM TABLE PAPER

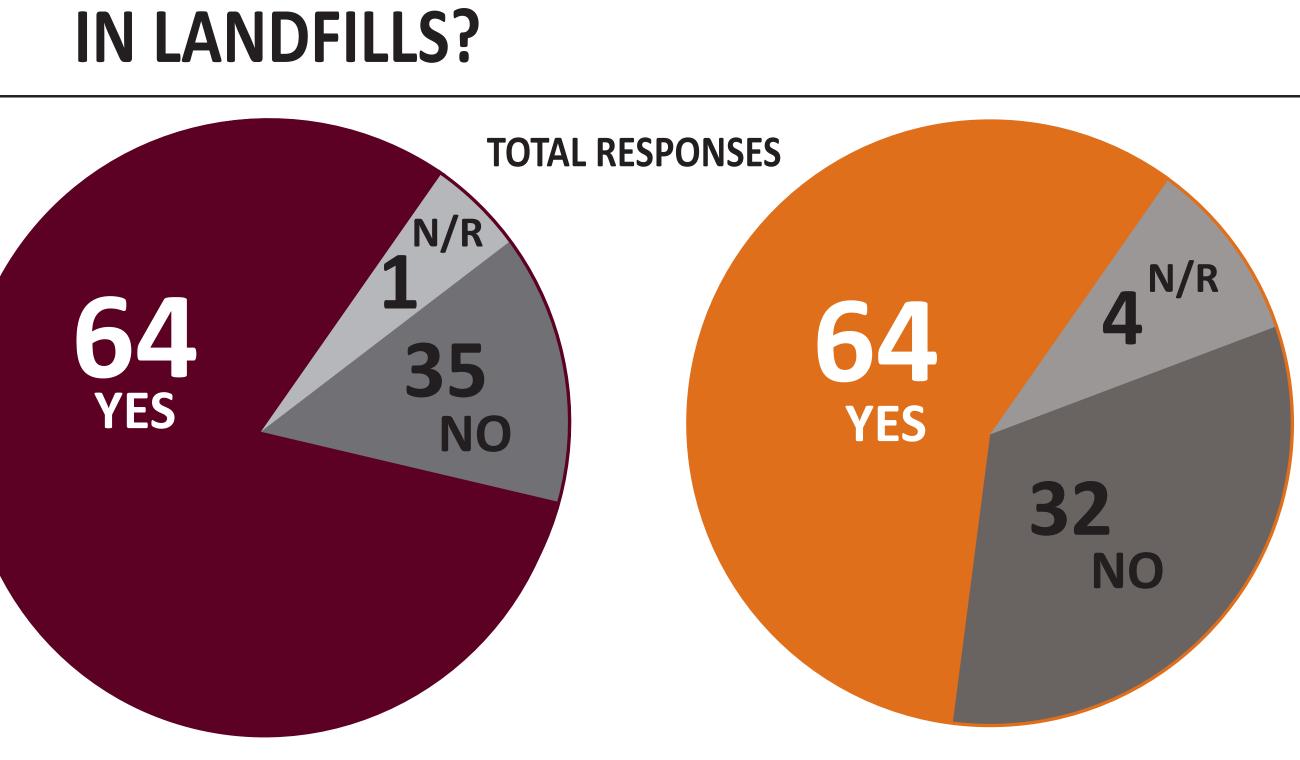
PLAYS A BIG PART IN INFECTION CONTROL?



#### Q3 IS IT IMPORTANT TO COVER EXAM TABLES WITH PAPER IF THE VINYL SURFACE IS CLEANED EFFECTIVELY BETWEEN PATIENTS?



#### Q6 WOULD YOU AGREE WITH ELIMINATING TABLE PAPER USE FOR PATIENTS REMAINING FULLY CLOTHED, TO DECREASE PAPER WASTE IN LANDFILLS?



### METHOD 3 CONCLUSION:

**5**U

Most patients surveyed expected to see table paper on the exam tables during their visit.

Over half of the surveyed patients reported they would agree with eliminating table paper for clothed visits if it would limit paper waste in landfills.

Approximately half of the patients surveyed felt the use of table paper was part of a quality healthcare visit and that it was important to cover the tables with paper even though staff were using germicidal wipes between visits.

Patient perception is of paramount importance and could outweigh clinical findings.

### METHOD 2 CONCLUSION:

A caution or failed reading was never experienced during this process. The cleaning practices between patients seem effective in promoting patient safety at all times.

FINDING:

SAMPLES:

and changed on all).

Collected from different rooms.

No wipes were used between visits.

7 - 161 RLU's: Average of 63 RLU's.

7 - 453 RLU's: Average of 33 RLU's.

Less than 500 is passing.

It was determined that with cleaning the surface of the exam table with antimicrobial wipes between patients, using table paper was not a necessity from a clinical infection control stand point.

## PERFORMANCE GOALS/FINDINGS

To determine if exam paper usage is cost effective in the prevention of transmitting communicable disease while preserving patient's expectation of a quality visit.

Patients' expectations form their perceptions and patients expect table paper.

Identify alternative measures to possibly replace exam paper.

Increase patient education through signage, advertisements, notices, etc.; establish seating criteria for patients with specific symptoms; use cleaning wipes only.

Revise and update current policies.

Eliminate potential waste with use of exam table paper or establish means to recycle if evidence supports its use.

Order recycling bins for collection of dry, unsoiled table paper; UT already has a vigorous recycling and composting program and was awarded a grant for its implementation.

y patient's perception of table paper usage.

Patients perceived exam table paper as an important part of a quality health care visit.

## SUPPORTIVE DATA:

#### **Centers for Disease Control and Prevention:**

"Noncritical clinical contact surfaces, such as uncovered operatory surfaces (e.g., countertops, switches, light handles), should be barrier-proteced or disinfected between patients with an intermediate-disinfectant (i.e., EPA-registered hospital disinfectant with a tuberculocidal claim) or low-level disinfectant (i.e., EPA-registered hospital disinfectant with HIV and HBV claim)" <sup>3</sup>

#### **American Journal of Nursing**

Study titled "Survival of Bacterial Pathogens on Paper and Bacterial Retrieval from Paper to Hands: Preliminary Results" concluded that paper can serve as a vehicle for cross-contamination of bacterial pathogens in medical settings if current recommendations on hand hygiene aren't meticulously followed.<sup>2</sup>

Debra Graem, RN Infection Control/Safety Manager for SEARHC in Jeneau, AK wrote that they "have phased out the use of exam table paper because of the negative impact on the environment and the high cost do not seem to justify it...With the disinfectants used between each patient, it also seems unnecessary."1

## REFERENCES:

<sup>1</sup>Graem, D. (n.d.). Re: IP Talk [Web log comment]. Retrieved from http://community.apic.org/home

<sup>2</sup>Hübner, N., Hübner, C., Kramer, A., & Assadian, O. (2011). Original Research: Survival of Bacterial Pathogens on Paper and Bacterial Retrieval from Paper to Hands: Preliminary Results. AJN, American Journal of Nursing, 111(12), 30-34. doi:10.1097/01.naj.0000408181.37017.82

<sup>3</sup>Rutala, W. A., & Weber, D. J. (2008). Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. Washington, DC: Centers for Disease Control (U.S.).