

STETHOSCOPE DISINFECTION: CAN WE BETTER OUR PRACTICE?

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Identification of the problem – Overview: The heightened awareness of infection control measures in hospitals has led to further exploration of our personal practice as healthcare workers. Taking into consideration our immunocompromised patient population, one topic that is relevant to all health care professionals is stethoscope disinfection. Can stethoscopes be a harbor for harmful bacteria? How often do we disinfect stethoscopes between uses of each patient? Are we aware of the potential to transmit bacteria to patients and ourselves? What do we use to disinfect our stethoscope? Is it effective? What are the recommended practices for properly disinfecting stethoscopes?

EP Question/Purpose: In adult inpatient care setting, does disinfecting the stethoscope before and after each patient reduce the incidence of nosocomial infections?

Methods/Evidence: Literature search yielded 11 articles with relative scientific information using key words stethoscope, cross infection, gram positive bacterial infections, stethoscope disinfection, and alcohol. An anonymous survey was sent to PACU clinical staff to assess knowledge, perceptions, and current practices of disinfecting their stethoscopes. Pre-education direct observation audits were conducted by primary investigators to evaluate current practices of clinical staff. In-services were provided to share our current practices, introduce best practice model based on literature review, and change the culture of current practice to include the disinfection of stethoscopes. Direct observation audits and survey were completed post-education.

Significance of Findings/Outcomes: Initial audits indicated that out of 38 providers, only 5 providers cleaned their stethoscope before use, 6 cleaned their stethoscope after use. The anonymous survey yielded a result of 56 respondents with 54% of the nurses indicating that they believed their current practice could contribute to cross contamination. Post education audits indicated that out of 46 providers, 23 providers cleaned their stethoscope before use, 31 cleaned after use. Prior to education, our survey indicated that 47% of nurses were unsure which cleanser to use. After education, 69% answered that ethanol based cleanser/isopropyl alcohol was best. Disclosure of research findings and staff education revealed an enhanced awareness of need to change current practice to prevent nosocomial infections.

Implications for perianesthesia nurses and future research: Implementation of standardized protocol for the disinfection of stethoscopes by healthcare professionals could reduce the transmission of nosocomial infections.