

Audit on Infection Control Practices Among Health Care Workers: Perspective by a Infection Prevention Nurse

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Submitted: 24 June 2019; Accepted: 01 July 2019; Published: 08 July 2019

Introduction

Hospital Infection control is very essential for the safety and wellbeing of patients, hospital staffs and visitors of the hospital. It affects various Departments of the hospital and it also involves problems of quality risk management, clinical governance of health and safety. Many factors stimulate infections among hospitalized patients – ‘decreased resistance among patients’; ‘increasing variation of medical procedures’ and ‘invasive techniques crafting potential routes of infection’; and ‘the transmission of drug-resistant bacteria’ are packed among hospital populations’, where poor practice in infection control may facilitate transmission. Audit means checking actual practice against a standard; it should permit reporting of noncompliance or issues of concern by either healthcare workers (HCW) or the Infection Control Team (ICT). Providing results of the audit to staff enables them to identify where improvement is needed. 1 Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care compared with explicit criteria and the subsequent implementation of change.

Internal auditing standards require the development of a plan based on an annually updated risk assessment using the concept: Plan, Do, Study, Act (PDSA). The PDSA cycle is shorthand for developing a plan to test a change (Plan), carrying out the plan (Do), observing and learning from the consequences (Study), and determining what modifications should be made (Act). Changes in processes often generate audit projects in addition to reviews of documents such as strategic plans.



The PDSA cycle

There is enormous scope for an audit in IPC. The audit can lead to improvement of services because it provides a blame-free mechanism for changes in practice. The results of an audit, when provided back to staff, can turn defects into improvements after appropriate changes are completed.



Audit cycle

Audit tools are commonly referred to as “quality improvement tools”. They are templates for ICTs to evaluate implementation of standard procedures, such as hand hygiene, isolation precautions, environmental cleaning, disinfection or sterilisation of equipment, handling linen/waste/sharps/supplies, etc., in their facility. In addition, specific practices may be monitored, e.g., use of personal protective equipment, insertion and care of intravascular, respiratory, or urinary devices, and wound care. Operating room observations for practices such as patient preparation, hair removal, surgical team scrub, and prophylactic antibiotic use, may also be included. The audit can be performed by the ICT. The audit tool must match the recommended practices and resources of the health care setting

Audit Method

Initially it is probably worth selecting a few areas to audit, preferably those that are most important to the organisation. These may include high-risk areas highlighted through surveillance results or occurrence of outbreaks. An effective audit should include:

1. A description of the physical layout;
2. Review of traffic flow, protocols and policies, supplies and

- equipment; and
- 3. Observation of appropriate IPC practice.

The audit should take place over a defined time. A rapid audit cycle plan can be completed in a few days and the results provided very quickly. In addition to the rapid cycle plan, an overall annual plan may be useful.

Rapid Cycle Audit Plan

INFECTION CONTROL AUDIT ANNUAL PLANNING-2018															
SL NO	TASK	START DATE	END DATE	DURATION	1st jan to dec-18	2nd jan to dec-18	3rd jan to dec-18	4th jan to dec-18	5th jan to dec-18	6th jan to dec-18	7th jan to dec-18	8th jan to dec-18	9th jan to dec-18	10th jan to dec-18	11th jan to dec-18
1	DAILY ROUNDS	1-Jan	30/1	8 H	DAILY AUDIT										
2	HAND HYGIENE AUDIT	1-Jan	30/1	8 H	DAILY AUDIT										
3	ICU & WARD	25/1	30/1	5D	WEEKLY AUDIT										
4	BUNDLE AUDIT	1-Jan	30/1	1 H	MONTHLY AUDIT										
5	INFUSION SAFETY AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
6	WASTE AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
7	ISOLATION ROOM AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
8	KITCHEN AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
9	SECRETARY AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
10	DUMP YARD	25/1	30/1	5D	MONTHLY AUDIT										
11	LAUNDRY AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
12	CSSD AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
13	PATHOLOGY AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
14	MORTUARY AUDIT	25/1	30/1	5D	MONTHLY AUDIT										
15	OT	25/1	30/1	5D	MONTHLY AUDIT										
16	ICU	25/1	30/1	5D	MONTHLY AUDIT										

Preparation of Audit Team

The audit team consists of the Infection control team and the purpose of the audit is to improve IPC practice. It is in no way meant to be punitive or a search for weaknesses. Pre-audit meetings are essential to explain and discuss the goals and objectives of the audit, how it will be conducted, and how the results will be reported. Staff should understand that an objective approach will be maintained, that the audit will be performed consistently across the facility, and anonymity will be protected. The audit team must identify the leaders in the area being audited and continue communication with them. Management and other key decision makers (e.g., ANS, educators, In charge doctor) need to support the audit team in any changes required post-audit.

Audit tools

These tools are referred to as quality improvement tools. They could be in the form of checklists, bundles or pack of toolkits. Toolkits to carry out different types of audits in health care settings are available from various organisations.

1. World Health Organization audit toolkit
2. Internal audit toolkit
3. Bundles

A **bundle** is a multi-model structured method of improving processes of care and patient outcomes. A bundle is a collection of processes needed to effectively and safely care for patients undergoing particular treatments with inherent risks. Several interventions are “bundled” together and, when combined, significantly improve patient care outcomes. Bundles are helpful and have been developed for ventilator associated pneumonia, catheter-associated urinary tract infection, and central line-associated bloodstream infection prevention. A bundle pack includes:

1. A statement of commitment for the clinical team to sign.
2. Standard operating procedures for the bundle including specific criteria.
3. A data collection sheet.
4. Explanation of the bundle to the clinical staff (e.g., group discussion, slide presentation)

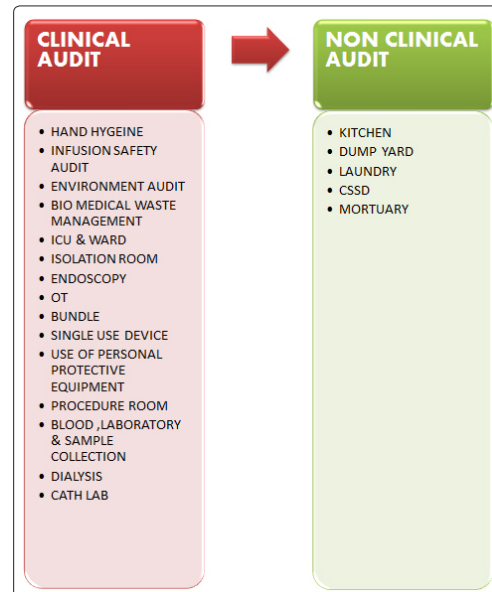
QF500JHmr0223
Place Label Here

If label not available, write PT Name, IP No, AHD No, Age, Sex, Date, Name of Treating Physician

Apollo HOSPITALS

CENTRAL LINE INSERTION DATE :	CLABSI MAINTENANCE BUNDLE
CENTRAL LINE SITE :	CENTRAL LINE DAY : LINE OUT NO :
Date :	
PARAMETERS	M E N M E N M E N M E N M E N M E N
1 Hand Hygiene performed / Aseptic technique followed	
2 The need for line use has been reviewed and recorded today *a	
3 The dressing is intact, not soiled and was changed in the past seven days	
4 Chlorhexidine gluconate 2% is used for cleaning the insertion site during dressing changes *b	
5 Alcohol hub decontamination is performed before each hub access	
Nurse's signature	
Emp id No	
Date of changing the dressing	
*a- As per doctor's orders *b- only to be filled when dressing is changed	
Remarks:	

Types of audit:



The data derived from audits can be used to direct the IPC program's annual goals and objectives. They may also assist in meeting the needs of the health care setting in relation to IPC standards and safer health care practices.

Reports

Once the audit is completed, a draft, detailed report must be written and reviewed with management and key staff in the audit area before it is finalised and distributed. The report should include information on why the audit was performed, method used, findings, and recommendations. Compliance data should be included as appropriate.

1 Reporting of audits may be in the form of:

Weekly reports: Providing rapid feedback on incidental issues while they are still fresh (e.g., during outbreaks or after occupational sharp injuries).

Monthly reports: A monthly report should include sections about surveillance, audit results, education, training, and consultations.

Annual reports: A summary of audits carried out during the year and the resulting improvement or changes during the rapid and annual audit plans, illustrated as appropriate with graphs.

Staff must learn to appreciate that the intent of audits is to promote good practice, improve patient care, and ensure safety.

Gap and SWOT analysis

A key point for implementation of an effective system to prevent and control healthcare-associated infections is undertaking a gap analysis of the current governance systems, processes, and practices.

Summary

Health care requires an increased emphasis on the use of audits to measure the implementation of policies and procedures relating to IPC practices. Development of audit plans based on a risk assessment strategy, preparation of the audit team, tailoring of the audit method, and assessment of knowledge are pillars of internal audits in health care organisations. The data from audits can be used to direct the IPC program to target more successful interventions. Audit reporting includes recommendations and guidelines to create a safer environment and to minimise the risk of healthcare-associated infections.

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