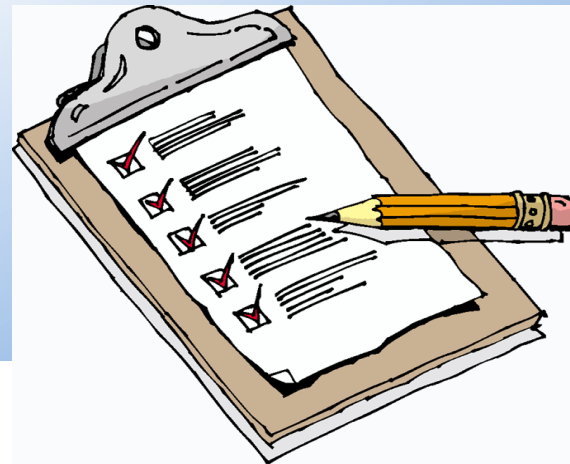


Why Do We Audit Infection Prevention and Control



Objectives

- Explain the relevance of audit in Infection Prevention and Infection Prevention & Control (IP&C) practice
- Identify audit tools and methods
- Describe the main principles of audits



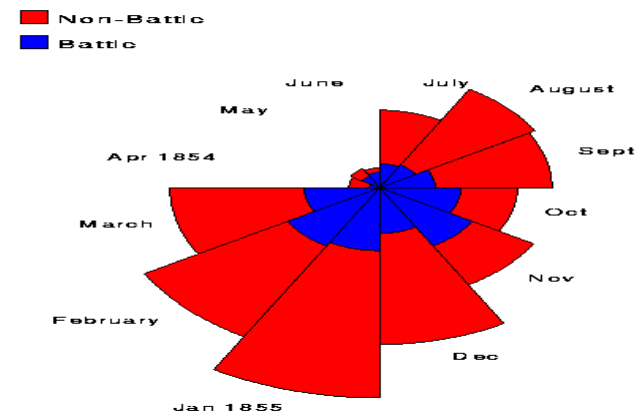
History of Audit – The Crimean War 1854 -1856



The Crimean War 1854 - 1856

- Florence Nightingale is credited with undertaking the first audit in healthcare
- Florence noted that there were many problems with British Field Hospitals leading to high mortality rates
- Chronic shortage of medical and surgical supplies
- Operations on soldiers being undertaken on open wards
- Water supply to the British Hospitals was contaminated
- Basic sanitation not being met
- Food supplies were inadequate

Causes of Mortality in the Army in the East
April, 1854 to March 1855



From: F. Nightingale, "Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army", 1855

History

Florence produced detailed reports to persuade politicians, generals and administrators of the need to change

Many changes resulted: –

- Sanitation improved
- Laundry Facilities were established
- Florence personally organised and oversaw the delivery of supplies



History - Results

- Prior to Florence's intervention 42.7% of British Soldiers admitted to Battle Hospitals died there.
- Within six months of Florence's arrival and interventions death rates among British soldiers had fallen to 2%.



Clinical Audit

- Clinical audit is a quality process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
- Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria.



Clinical Audit

- Where indicated changes are made at individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery (NICE 2002)
- For IPC audit means checking IP&C practice against a standard – looking at what you are doing against what you should be doing



Key Points

- Improves by providing information about practices
- Used for risk assessment, strategic planning and Root cause analysis (RCA)
- Results need to be known by decision makers.



Audit Results

No.	Standard statement	Guidance	Ye s	No	N/ A	Comments	Action Plan
1	Are extant infection prevention and control policies and procedures available to staff in this area?	Check that policies are either live (reviewed constantly as new evidence is published) or are within a 2-year review date. Confirm they are readily available to staff.	✓				
2	Do staff know how to access the infection prevention policies and procedures?	Ask staff about how to access and the content of the IPC policies.	✓				
3	Is there an up to date food hygiene policy available and accessible to staff?	Ask staff where the food hygiene policy is kept. Confirm the policy is current.	✓				
4	Are the residents admitted to this care home assessed for infection risks (to themselves and from themselves) and placed appropriately to negate cross-transmission risks ?	Ask staff how they assess residents for infection risks to other residents. Ask to see how this is documented. Confirm staff have facilities to isolate those residents presenting an infection risk.	✓			COVID yes, recommended add alert organisms	
5	Do residents with alert organisms / alert conditions have up to date care pathways/care plans ?	Check care pathways/care plan for residents with alert organisms or conditions such as diarrhoea.	✓			No residents at present. Individual short term care plans including treatment COVID specific care plans available.	
6	During the entire assessment are staff observed to follow the policies and procedures ?	Whilst undertaking this assessment, observe for hand hygiene opportunities being taken, linen being discarded safely, sharps being used safely etc., etc.		✓		1 x staff member wearing jewellery/nail varnish removed at time of audit. Not working clinically with residents but undertaking staff swabbing.	

Why Do We Audit ?

HCAI are due to multiple factors

- Prevention depends on surveillance and on Infection prevention and control practices
- Practices are outlined in guidelines, procedures and policies.



How does it work ?

- Reporting of non-compliance or issues of concern
- Identifies where improvement is needed
- Monitors and evaluates the effectiveness of the organisation risk management process

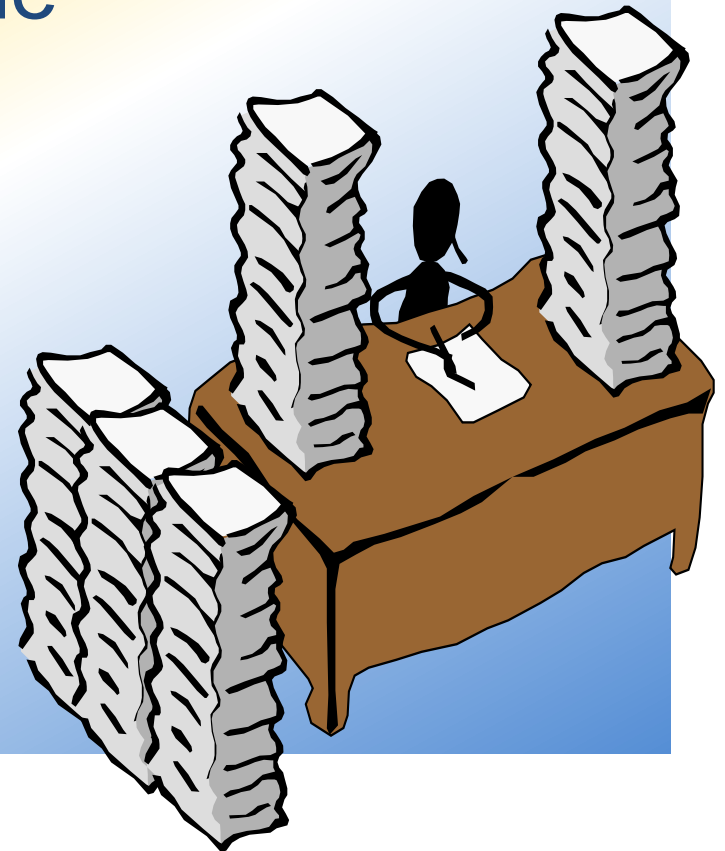




Figure 1

Clinical Audit is NOT -

- A cost-cutting exercise
- A way to blame and shame
- Data collection only
- Research



Audit can Empower our Champions



Any Questions?