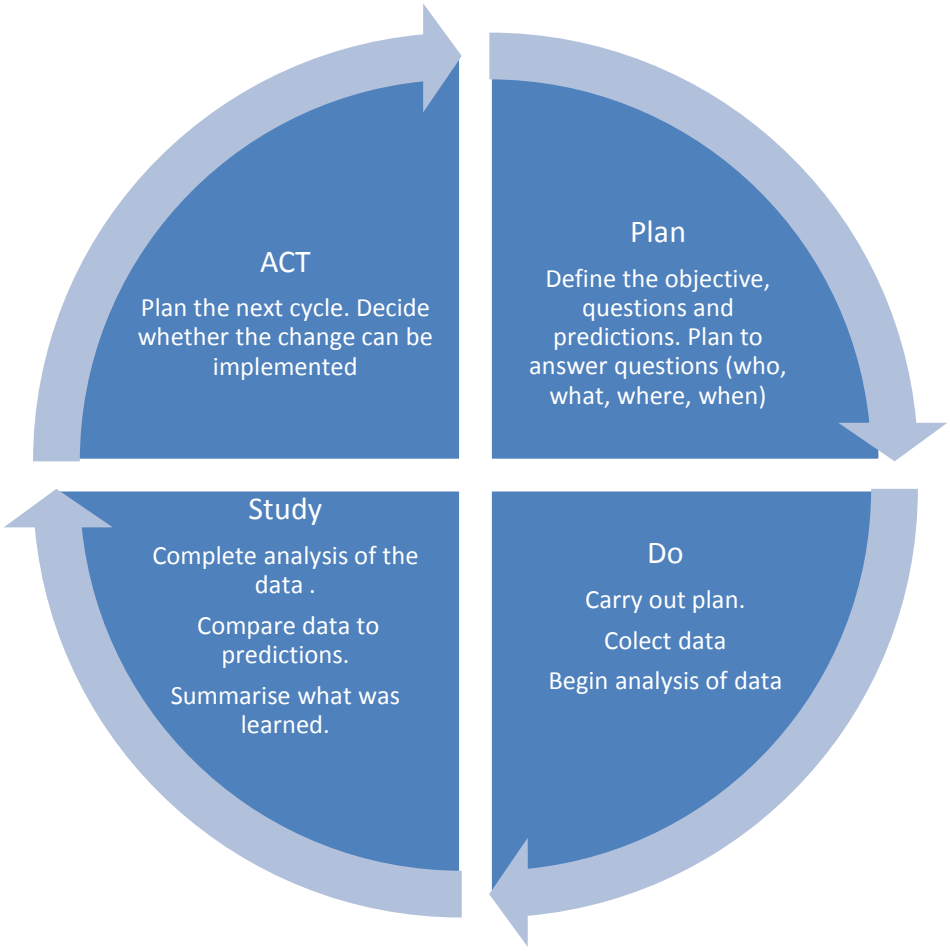
Appendix C The Auditing Process

The Code of Practice (DH 2015) requires that audit of practice is undertaken.

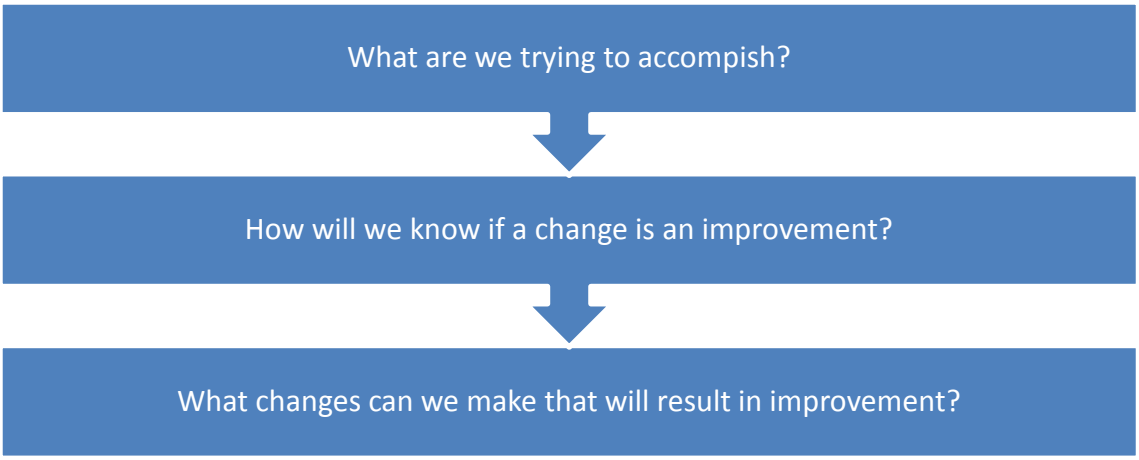
Audit forms part of the practice improvement process.

There are many practice improvement models available, however the most commonly used model in healthcare is the Plan, Do, Study, Act (PDSA) more information can be found at http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/plan_do_study_act.html

The four stages of the PDSA cycle are:
Plan – the change or practice improvement to be implemented
Do – implement the change or practice improvement
Study – compare data before and after change or practice improvement and reflect on what was learnt
Act – plan the next change cycle or practice improvement



There are three questions that need to be answered during the improvement process:



Audit looks at the standard (Standard Precautions section 3 of this manual) and assesses the compliance of your practice against that standard.

Does an improvement need to be made? How can you make that improvement? Does this need to be achieved by taking many small steps? What are those steps? What resources do you need to achieve those steps? How long do you think it may take? How will you know when an improvement has been made? (through audit data)

Audits need to be undertaken regularly. Below is an example of an annual audit plan.

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Hand Hygiene	YES			YES			YES			YES		
Sharps Safety		YES										
Environmental Cleanliness			YES									
Equipment Cleanliness					YES							
Use of Personal Protective Equipment						YES						
Waste Management								YES				
Antibiotic Prescribing									YES			

Hint: For Hand Hygiene audits, not all staff need to be audited every time, you could audit 25% of the staff each time so that all staff are audited at least once a year. Staff audits should include all staff to the level of their contractual obligations.

Different types of audit

Audits can be undertaken in different formats.

Observational audits, both overt and covert.

For example: watching a colleague wash their hands. This would not be very practical in real life clinic settings and may cause discomfort if there is a patient present, therefore group overt observation could be undertaken during a team meeting. (Caution should be noted when undertaking overt observational audits of the Hawthorn Effect.)

Self audit/Questionaire

This can be achieved by giving a colleague a list of standards for them to check. (no more than 10 standards at a time otherwise the task becomes too onerous and the audit becomes less robust at identifying practice improvements .) This is quite good for checking a colleague's understanding of the standards and for something like a sharps audit. For example, below are some questions about sharps boxes and hand hygiene that could be answered by an individual.

	compliant yes	no
Are all lids securely fitted onto the base of sharps boxes?		
Are all manufacturers' front labels been correctly completed with the location and start date (i.e. the first day the sharps box was used for sharps disposal)?		
Are all lids closed after use (on temporary closure)?		
Is there a sliding closure mechanism?		
Are the contents of all in-use sharps boxes below the fill line?		
Is there a supply of new, empty sharps boxes available in the care area?		

Is there a current Sharps poster displayed in a prominent position?
Are hand washing materials always available?
Are 6 step hand washing technique posters displayed at all designated staff hand wash sinks?
Could the member of staff demonstrate the correct hand hygiene technique

True or False

Water should be applied before soap when washing their hands and drying hands thoroughly with paper towels will help prevent dry/chapped skin

Alcohol gel is not effective on visibly dirty, protein contaminated skin and does not destroy some viruses or bacterial spores

When in direct contact with a patient or undertaking a clinical intervention, you should be 'bare below the elbows'

New member of staff

Whenever a new member of staff starts to work at your organisation, they should undergo an induction process. Because all organisations operate slightly differently, it is highly recommended that the practice based infection prevention lead or their representative, ensure the new starter knows about how the standards precautions are implemented at your practice. This can be achieved by listing the infection prevention priorities of your organisation and using a check list approach to inform the new starter. For example; below is a suggested format for new starters.

Induction for New Staff

This form should be completed during the new employee's first seven working days.

The completed form should be filed in the staff personal file.

Name of new member of staff ……
Job Title ……Date of first working day……

Name of infection prevention lead……. ……..
Job Title……Date completed ……Signature ….……

	Topic	**New staff members signature**	**Date**
1	**HAND HYGIENE** I have been shown the location of designated staff hand wash basins in the area		
2	I understand that when washing my hands, I should wet them first, then apply soap, use the 6 step technique, rinse and dry thoroughly to ensure effective decontamination and protect my hands from becoming sore.		
3	I have had my hand hygiene technique checked and have been passed as competent, having performed the hand positions in the correct order, correct manner and for the correct time.		
4	I understand that alcohol based hand gels are not effective on dirty hands or some organisms such as Clostridium *difficile* and Norovirus		

5	All circumstances that require hand washing have been explained to me.		
6	I have been made aware of how to obtain supplies of soap or hand gel.		
7	**Personal Protective Equipment** I have been shown the location of single use, disposable, non-sterile Nitrile gloves, and these are available in the area, in a size that fits me.		
8	I have been shown the location of disposable plastic aprons		
9	The correct method of removing gloves and apron has been demonstrated to me.		
10	**Waste disposal** I understand that any waste that is visibly contaminated with blood or body fluids OR has been in contact with a service user with a known or suspected infection must be disposed of via the clinical waste stream.		
11	I understand that all other waste can be disposed of via the domestic waste stream.		
12	**Sharps Safety** The system for obtaining new sharps boxes and for removing filled locked sharps boxes has been explained to me.		
13	The principles of sharps box safety including, completing the label at the beginning and end of use; the need to close the lid when not in use; the manufacturers fill line and locking mechanism before final disposal, have all been demonstrated to me.		
14	The principles of safety engineered devices have been demonstrated to me. (If required for my job, I know how to access safer sharps training)		
15	**Accidental blood exposure / penetrating sharps injury procedures**. I have been shown the location of the poster showing actions to be followed after exposure and have been told how to report an incident.		
16	**Cleaning and Disinfection** I have been made aware of the need to clean (and disinfect if necessary) patient care equipment after each use.		
17	I have been shown where the stocks of liquid detergent, wipes, and chlorine solution are.		
18	I have been made aware of the local systems for recording cleaning of health care equipment, frequency and method		
19	I have been shown how to clean body fluid spillages; how to dilute a hypo-chloride solution; the location of the tablets and dilution bottle		
20	**Specimens** I have been informed of the system and timings for routine transport of specimens from the area.		
21	**Dress Code** I understand that when providing direct patient care (clinical intervention), I should be “bare below the elbows” (e.g. no stoned or engraved rings, no wrist jewellery; nails short and free from varnish or false nails)		
22	I understand that I should not enter commercial premises in the same clothes I have been to work in.		
23	I have been made aware that I should wear a clean, freshly laundered clothing for each shift; that my work clothes should be washed at 60°C or tumble dried or steam ironed to sufficiently reduce the microbial load.		
24	**Sources of advice and assistance** I have been told who the practice-based infection prevention lead is.		
25	I have been told who to report cleaning and maintenance issues to.		
26	**Policy and Procedure** I have been shown how to access Infection Prevention and Control Policies and practice guidelines**.**		