IPAC Audits in the MDRD

Presented by:
Mandy Deeves – CHICA-Canada

If at first you don't succeed, redefine success.
Acknowledgements

Thank you to Karen Clinker, Infection Control Consultant at Public Health Ontario – North Western Ontario Regional Infection Control Network for her work in slide development and with the CHICA-Canada audit tools.
Learning Objectives

1. Explain the benefits, purposes and functions of audits
2. Cover what is an audit
3. Discuss how data gathered can be used and next steps
Why Audit?

• If it can’t be measured it can’t be improved! Many stakeholders in the health care environment see the ICP as the key “holder” of both auditing and decision making – this needs to change!

• Objective measurements can be used as quality indicators for Accreditation Canada/Ministry of Labour reviews etc.

• Timely feedback/recommendation/input/decision-making on results involving key stakeholders is enhanced
Why Audit?

- Locates, eliminates, and prevents problems - before the product/service reaches the client/patient improved outcomes
- Highlights areas of good performance – identifies a job ‘well done’
- Identifies opportunities for improvement e.g. to best practices
- Facilitates consistency of IPAC practices between staff and different facility areas
- Identifies deficiencies in building elements/equipment
Why Audit?

- Media/Public interest - - Increasing prevalence of HAIs
- “Adding Value”!
- Being transparent at all levels in your facility
- Quality care at all levels to clients/patients
Why Audit?

- Alignment with Mission, Goals, Strategic Plans
- Public Confidence
- Patient Safety
- Occupational Health & Safety
- Return on Investment
Client/Patient Focused Indicators

• Quality (e.g. infections per device-day)
• Efficiency and productivity (e.g. staff time per patient-day)
• Cleanliness inspection scores (hotel clean)
• Patient satisfaction
• Bed turnover times
• Actual cost vs. patient day
Internal-focused indicators

- Surveillance indicators (process and outcome indicators)
- Staff satisfaction surveys
- Staff absenteeism rates and benefit premium costs
- Work-related injury rates/WSIB claims costs
The Audit Process

- A sound understanding of IPAC principles is needed for auditing e.g. hand hygiene
- The CHICA audit tools can provide you with selected criteria/best practices to consider relevant to the specific audit tool
- Great tool to provide standardization of audits carried out by various staff
- Relevant audit criteria can be used to review facility policies and procedures etc.
- Practice develops your auditing
Document Review

• Accountability is defined for ____________ practices and quality improvement activities?
• Manufacturer’s guidelines/department procedures are readily accessible and are being followed?
• Policies and procedures posted/readily accessible?
• Staff training parameters are met and training records are available?
Staff Interviews

• How is/are tasks being done, what equipment is being used, what are the potential IPAC risks etc.?

• What is the reporting process to report any IPAC problems?

• Do you have access to IPAC policies and procedures specific to the work you do? Where are they located?

• What __________training have you had and when did you last have it?
Observational Tours

- What equipment is being cleaned, disinfected or sterilized?
- Is the proper workflow for housekeeping and reprocessing happening?
- Are sterilized, clean and dirty supplies being stored properly?
- Is what staff say is happening really happening? e.g. hand hygiene etc.
- Are there activities going on that you were unaware of?
In order to complete the auditing process successfully, all three of these auditing components must be performed during the auditing process.
www.chica.org

Welcome to CHICA-Canada
CHICA-Canada is a national, multidisciplinary association committed to the wellness and safety of Canadians by promoting best practice in infection prevention and control through education, standards, advocacy and consumer awareness.

Knowledge Resources
- Audit Toolkit
- Calendar of Conferences - Canada
- Calendar of Conferences - International
- Canadian IP&C Courses and Training
- CNISAP Publications
- Emerging Infections (Includes Influenza, H1N1, WNV)
- Evidence-Based Guidelines
- Immunization Information
- Position Statements
- Roadshows & Webinars

Professional Resources
- Chapter Map
- Chapter Websites
- Corporate Membership
- Employment Opportunities
- Funding Opportunities
- Infection Control Week
- Member E-news
- Member E-mails
- Membership Info and Registration
- Products
- Research Opportunities

2012 Conference

Annual Conference
September 8-10, 2013
CHICA Audit Toolkit

www.chica.org
### CHICA Audit Toolkit

#### Annual Conference
September 8-10, 2013

![Audit Tools for Environment & Equipment](image)

<table>
<thead>
<tr>
<th>CHICA Audit Tools</th>
<th>Audit Tools for Environment &amp; Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td>Animal Waste and Pet Therapy</td>
</tr>
<tr>
<td>Infection Outbreak Management</td>
<td>Management of Cleaning and Disinfecting Products</td>
</tr>
<tr>
<td>Respiratory Outbreak Management</td>
<td>Central Sterilizing Department</td>
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<tr>
<td>Care of the Deceased</td>
<td>Sterile Aseptic Supplies</td>
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- **Audit Tools for Environment & Equipment**
- **Animal Waste and Pet Therapy**
- **Management of Cleaning and Disinfecting Products**
- **Central Sterilizing Department**
- **Sterile Aseptic Supplies**

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The Audit Process

Closing the Loop

- An area of auditing where it is common to see gaps in resolution/communication about deficiencies!!
- Immediate “easy fixes” are readily dealt with, however more challenging issues get partially dealt with or “drop of the radar” altogether
- Need process to track and close ALL deficiencies identified e.g. any issues not readily addressed can be given a # and tracked on a log sheet 20120501 – dirty utility room sink install
The Audit Process

Roles in the Audit Process

- Joint ‘walkabouts’
  - Managers and IPAC
  - OH&S and IPAC
  - Environmental services and IPAC
  - Other combinations (e.g. clinical personnel)
- Communication on differences in expectations – makes these clearer
The Audit Process

Roles in the Audit Process

• Self-evaluation and/or coaching of others
• Health care worker
• Manager/Supervisor
• 3rd party auditor – public health/outside expert for specific issue e.g. outbreaks, HVAC issue, mold issue etc.
# The Audit Process

## AUDIT SUMMARY REPORT

<table>
<thead>
<tr>
<th>ELEMENT #</th>
<th>AUDIT DEFICIENCY</th>
<th>RECOMMENDED CORRECTIVE ACTION(S)</th>
<th>RISK LEVEL</th>
<th>AREA OF RESPONSIBILITY</th>
<th>REVIEW DATE</th>
<th>COMPLETION DATE</th>
<th>SIGNATURE</th>
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Image Source: CHICA Canada
The Audit Process

IMPACT AND LIKELIHOOD DEFICIENCY REVIEW

**IMPACT DEFINITIONS:**

**Extreme:**
- patient death related to infection or infectious disease
- large/widespread environmental contamination
- staff death related to infectious disease exposure
- legal action

**Major:**
- patient or staff suffers life-altering outcome related to infection or infectious disease exposure
- infectious disease outbreak affecting large numbers of patients and staff
- environmental contamination involving a high risk area or population
- Canadian or provincial standards of practice breached
- regional policy breached

**Moderate:**
- deep or organ space infections substantially increased in number, severity or over time (from the usual pattern)
- infectious disease outbreak affecting patients and staff
- situation with potential for life-altering outcome to patient or staff related to infection or infectious disease exposure

**Minor:**
- superficial or deep infections increased in number, severity or over time (from the usual pattern)

**Insignificant:**
- no adverse patient or staff or system outcome
- no change from historical pattern/incidence

**LIKELIHOOD DEFINITIONS:**

**Almost Certain:**
- will happen again if recommendation/process not followed
- known to happen regularly (common event)

**Likely:**
- good chance of recurrence
- has happened several times before
- frequent occurrence published in the literature

**Possible:**
- has happened a few times
- has been reported in the region

**Unlikely:**
- has only happened once or twice before
- reported in the province or in Canada, not locally

**Rare:**
- has never happened
- reported in the literature

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**STEP 1:** Categorize the audit tool deficiency in terms of its impact on staff or patient safety and the likelihood of the impact occurring if corrective action is not taken.

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## The Audit Process

### RISK LEVEL MATRIX

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>IMPACT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Insignificant</td>
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<tr>
<td>Almost Certain</td>
<td>MODERATE RISK</td>
</tr>
<tr>
<td>Likely</td>
<td>LOW RISK</td>
</tr>
<tr>
<td>Possible</td>
<td>LOW RISK</td>
</tr>
<tr>
<td>Unlikely</td>
<td>LOW RISK</td>
</tr>
<tr>
<td>Rare</td>
<td>LOW RISK</td>
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</tbody>
</table>
## The Audit Process

### ACTION PLANNING CHART

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical Risk</strong></td>
<td>STOP ACTIVITY!</td>
</tr>
<tr>
<td></td>
<td>- Risk management must be informed to initiate senior administrative notification</td>
</tr>
<tr>
<td></td>
<td>- Requires <strong>immediate</strong> written recommendations presented in person to Director and Manager</td>
</tr>
<tr>
<td></td>
<td>- Written action plans with timelines must be set</td>
</tr>
<tr>
<td></td>
<td>- <strong>ACTION TIMELINE:</strong> Immediate action required</td>
</tr>
<tr>
<td><strong>High Risk</strong></td>
<td>STOP ACTIVITY!</td>
</tr>
<tr>
<td></td>
<td>- Risk management must be informed to initiate senior administrative notification as required</td>
</tr>
<tr>
<td></td>
<td>- Requires written recommendations, preferably presented in person to Director and Manager within 48 hours</td>
</tr>
<tr>
<td></td>
<td>- Written action plans with timelines must be set</td>
</tr>
<tr>
<td></td>
<td>- <strong>ACTION TIMELINE:</strong> 48 hours</td>
</tr>
<tr>
<td><strong>Moderate Risk</strong></td>
<td></td>
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<tr>
<td></td>
<td>- Written recommendations to Director and Manager</td>
</tr>
<tr>
<td></td>
<td>- Written action plans with timelines set</td>
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<tr>
<td></td>
<td>- <strong>ACTION TIMELINE:</strong> 3 months</td>
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<tr>
<td><strong>Low Risk</strong></td>
<td></td>
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<tr>
<td></td>
<td>- Written recommendations to Manager</td>
</tr>
<tr>
<td></td>
<td>- Written action plans with timelines set</td>
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<td></td>
<td>- <strong>ACTION TIMELINE:</strong> 6 months or longer</td>
</tr>
</tbody>
</table>

Image Source: CHICA Canada

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The Audit Process

Prioritizing Deficiencies

• Done via consensus – get support for resolutions!

• Get the most appropriate, feasible and effective control measure based on collective experience!

• Someone else other than you likely has the accountability, responsibility and budget to resolve the issue!

• Reduces the risk of negative consequences as decisions will be based on collective experience!
The Audit Process

<table>
<thead>
<tr>
<th>Deficiency # and Description</th>
<th>Actions To Be Taken To Resolve Issue</th>
<th>Responsible Person(s)</th>
<th>Target Resolution Date</th>
<th>Date Issue Resolved</th>
<th>Signature of Responsible Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20130501 – toilets improperly installed on unit A5</td>
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<tr>
<td>20130502 – glove review for nursing required</td>
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</table>

* Use for audit deficiencies that will take 6 months or more to resolve, are complex in nature and involve multiple departments or outside expertise – periodically audit this! – good info for accreditation purposes/Ministry of Labour etc.
Be on the Lookout For…

- Incomplete information from previous audits – why?
- Excessive lag-time to address audit deficiencies – why?
- Lack of frontline staff involvement in participating or offering input to address audit deficiencies – why?
- Absence of a timely management plan to address deficiencies – why?
Do This….

- **Promote understanding** in your facility about your role in the auditing process.
- **Seek a repositioning of IPAC** as the “clinical support” service to manage IPAC deficiencies rather than the sole “owner” of IPAC in your facility.
- **Support your managers and staff** with guidance on how to:
  - Be actively involved in the auditing process.
  - Be actively involved in decision making to address identified deficiencies in their departments.
  - Be actively involved in providing management with audit results, recommendations and follow-up actions taken on identified deficiencies.
Do Not Enter!

- **Taking-over what is another manager’s responsibility** (e.g. monitoring the performance of a specific individual)
- **Overseeing the quality monitoring for a department** (e.g. show how, not do, environmental marking for housekeeping)
- **Compensating for the limitations of a department** (e.g. lack of staff)
- **Dictating practice** – a collaborative approach should be used to work towards and achieving best practices (e.g. be nice unless it’s time not to be nice!)
- **Doing all the “thinking”**- act as mentor in the decision-making process that is involved in addressing IPAC deficiencies
In Closing

• Need to move away from where health care providers are apprehensive about being involved in auditing

• Auditing procedures can facilitate involvement and decision making/recommendations at all levels in the facility

• Leadership support and visibility is instrumental in changing these perceptions

• Auditing – can seem tedious, but will tell you whether IPAC best practices have been sustained or whether you need to make another change

• Auditing may find deficiencies in another program area that needs to be reported/addressed to the appropriate person
In Closing

• Staff engagement is key to success – frontline staff should be actively involved in data collection, observational audits, interviews, discussion on changes needed and how to implement necessary changes

• Continuous leadership presence conveys the importance of the work being done and helps to showcase the successes to a broader audience

• Deficiencies are learning opportunities!!!!
Questions?