

# IPAC Audits in the MDRD

Presented by:  
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*If at first you don't succeed, redefine success.*



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# 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.



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# 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



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## 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



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## 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



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# 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 



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# Why Audit?

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



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# 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



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# 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



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# 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

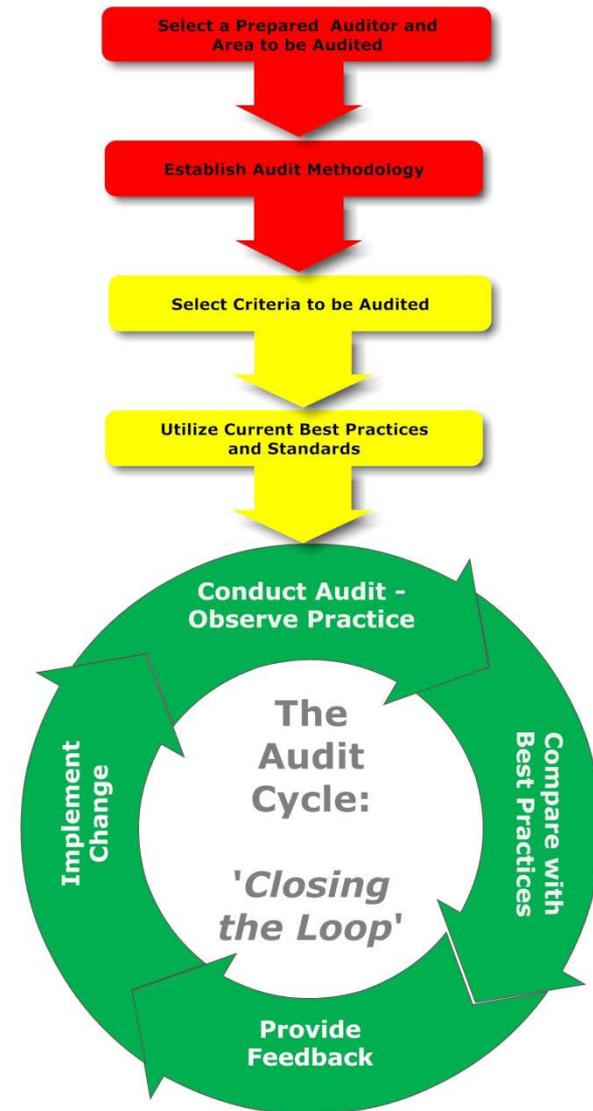


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# Document Review

- 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?



## Document Review:

- Documents are reviewed to ensure that there are policies and procedures in place relating to infection prevention and control

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# 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?



## Staff Interviews:

- **Employees provide subjective feedback to the auditor regarding knowledge and compliance with infection prevention and control policies and procedures**

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# 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?



## Observational Tours:

- Auditor objectively gathers information, validates the facts, and then compares them to standards used to measure infection prevention and control practices

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# The Audit Process

In order to complete the auditing process successfully, all three of these auditing components must be performed during the auditing process

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# CHICA Canada Website

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.

**News Headlines**

- **Offres d'emploi:** L'Hôpital Montfort, située dans la ville d'Ottawa, a besoin d'un(e) Infirmier(ère) autorisé(e) Prévention des infections. Information...
- **New Guideline from the CDC:** Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care is now available from the Centers for Disease Control (CDC).
- **Employment Opportunities:** CHICA-Canada is offering job opportunities for the novice Infection Prevention and Control Distance Education Course. **Applications close August 15, 2011.**
- **Employment Opportunities: Applications close August 15, 2011.**
  - Practicum Coordinator
  - Module Instructor: Outbreaks and Occupational Health
  - Module Discussion Forum Facilitator
- **Call for ESBL Working Group Members:** CHICA-Canada is seeking two CHICA-Canada members to participate on a Working Group to Review and Redevelop the ESBL Toolkit. **Applications are due August 15, 2011.**

**2012 Conference**

**CHICA-CANADA 2012 National Education Conference**  
Saskatoon, SK  
June 16 - 21, 2012

**Knowledge Resources**

- Audit Toolkit
- Calendar of Conferences - Canada
- Calendar of Conferences - International
- Canadian IP&C Courses and Training
- CNISP 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



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# CHICA Audit Toolkit

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## Audit Toolkit Table of Contents

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Choosing audit elements

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Providing feedback, action plans

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- Toolkit Evaluation Form
- Audit Action Planning Form
- Audit Summary Report
- Facility Construction and Renovation Project Report to IP&C
- Reprocessing Methods Checklist
- Reprocessing Staff Qualifications Checklist

### Annexes

- Annex A
- Taking off PPE
- Annex B
- Routine Practices Risk Assessment
- Annex C

## Audit Tools

Download Printable Table of Contents  
Download Audit Tools Coverage: 'Are You Ready to Audit?'

These audit tools have been reviewed by the CHICA-Canada Standards and Guidelines committee as well as external stakeholders and are provided with permission from the developers.

Before using these audit tools, be sure to review the *Pre-audit Preparation*, *Setting the Criteria*, *Closing the Loop* and *Instructions for Completing Audit Tools* components, where you will find information about the pre-audit process, completing the audit, scoring, interpretation and feedback.

This toolkit is an 'evergreen' document, which will continually be updated and include new tools as they become available. CHECK BACK OFTEN!

Your feedback is important to keep the audit tools relevant and accurate. Please complete the Toolkit Evaluation Form after using the audit tools and return to CHICA-Canada, or click on the FEEDBACK button for quick comments.

### List of Audit Tools

All audit tools are available in PDF format. Click on the PDF icon in the table of contents below to download.

Interactive audit tools (i.e., form fields may be filled in on your computer and the form saved and printed with the fields completed) are available for some audit tools, as indicated. Click on the FORMS icon in the table of contents below to download.

**NOTE:** If you are using Adobe Reader to open interactive audit tools, it must be **version 6.0 or later**. Update your Adobe Reader here.

Audit Tool	Downloads	Revision Date
<b>Basic Infection Prevention and Control Tools</b>		
Self-Audit Tool for ICPs		Nov 12/10
Hand Hygiene Self-Audit Tool for Health Care Providers		Sep 10/12
Hand Hygiene Readiness		Feb 24/12
Hand Hygiene Practice		Feb 24/12



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# CHICA Audit Toolkit

Item	Icon	Date
Personal Protective Equipment (PPE) --> See also Annex A: Taking off PPE		Feb 24/12
Enteric Outbreak Management		Mar 23/12
Respiratory Outbreak Management		Mar 23/12
Care of the Deceased		Sep 30/11
<b>Audit Tools for Environment &amp; Equipment</b>		
Animal Visitation and Pet Therapy		Feb 25/11
Management of Cleaning and Disinfecting Products --> See also Annex I: Selecting Products Used for Cleaning and Low-level Disinfection and Annex J: Selecting Products Used for High-level Disinfection and Sterilization		Feb 25/11
Central Reprocessing Departments --> See also Annex E: Sample Reprocessing Area Set-up		Mar 7/11
Client/Patient/Resident Service Units		Sep 28/12
Housekeeping Supply Rooms		Mar 12/11
Management of Intravascular Catheters		Sep 10/12
Linen and Laundry		May 13/11
Unit Kitchens		Mar 12/11
Cleaning Patient/Resident Bathing and Toileting Facilities --> See also Annex G: Sample Frequency of Cleaning Matrix		May 17/10
Routine Cleaning of Patient/Resident Rooms --> See also Annex G: Sample Frequency of Cleaning Matrix		May 17/10
Discharge/Vacancy Room Cleaning		May 17/10
Contact Precautions - Routine and Discharge/Vacancy Room Cleaning		May 17/10
Hydrotherapy Tubs and Equipment		Oct 24/12
Reprocessing Noncritical, Electronic and Transport Equipment --> See also Annex H: Noncritical Items Requiring Cleaning and/or Low-level Disinfection		Oct 24/12
Class I Construction/Renovation --> See also Annex F: Construction Risk Assessment Matrix		May 12/10
Class II Construction/Renovation --> See also Annex F: Construction Risk Assessment Matrix		May 12/10
Class III Construction/Renovation --> See also Annex F: Construction Risk Assessment Matrix		May 12/10
Class IV Construction/Renovation --> See also Annex F: Construction Risk Assessment Matrix		May 12/10

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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

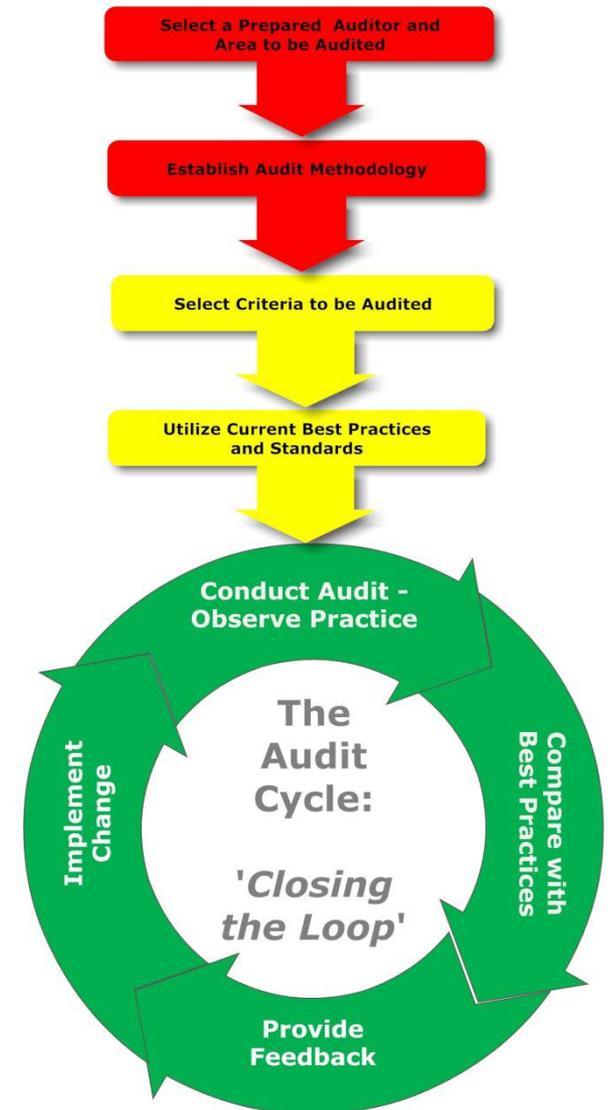


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Image Source: CH



# 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

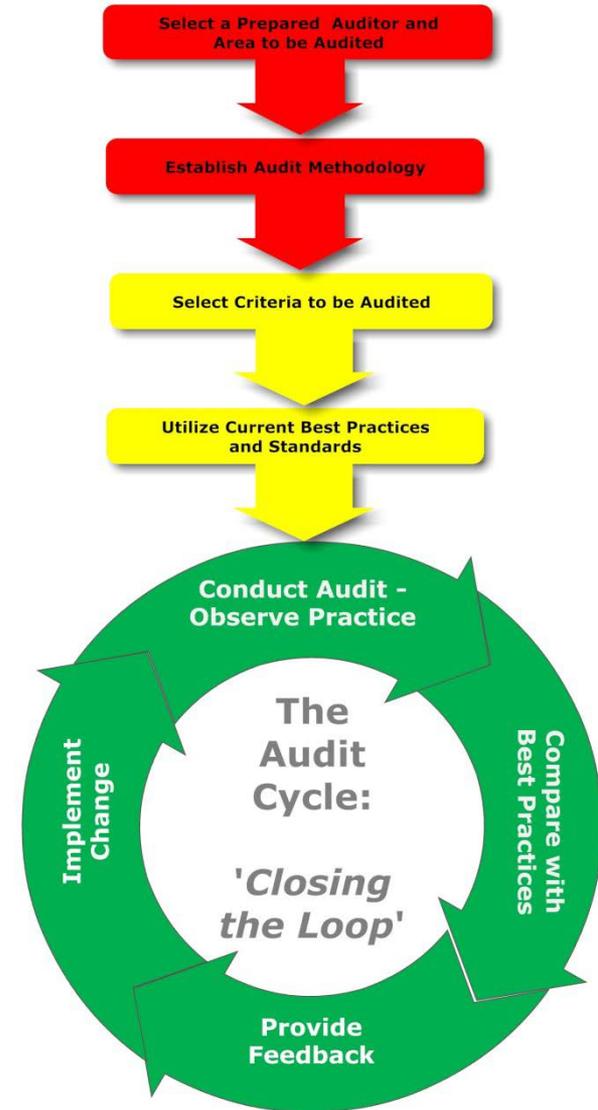


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# The Audit Process

## 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.

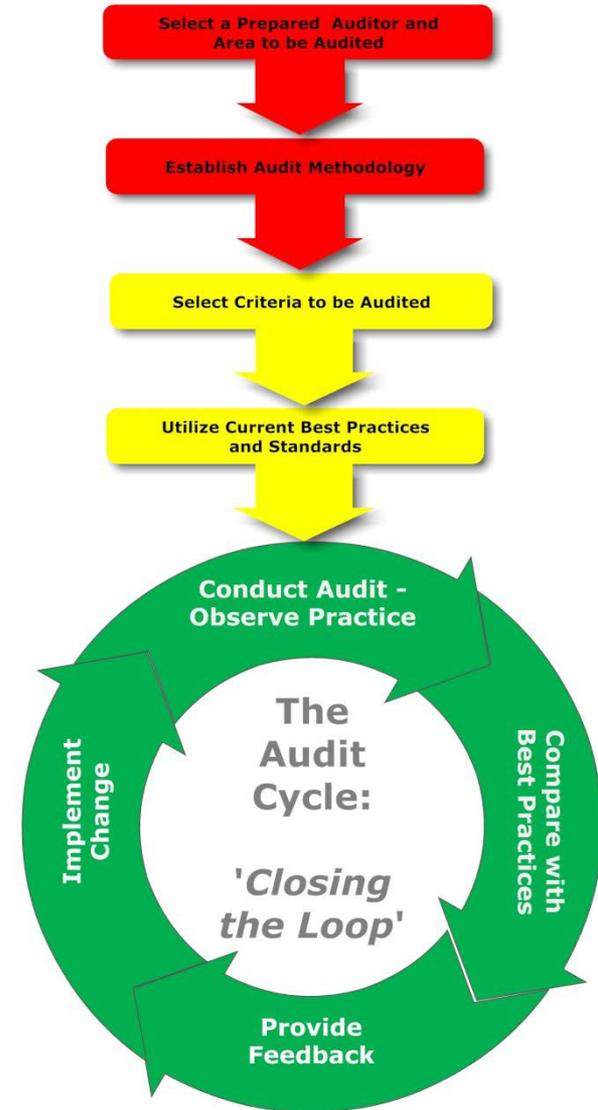


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# The Audit Process

## 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

**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

LIKELIHOOD	IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MODERATE RISK	MODERATE RISK	HIGH RISK	CRITICAL RISK	CRITICAL RISK
Likely	LOW RISK	MODERATE RISK	HIGH RISK	CRITICAL RISK	CRITICAL RISK
Possible	LOW RISK	MODERATE RISK	MODERATE RISK	HIGH RISK	HIGH RISK
Unlikely	LOW RISK	LOW RISK	MODERATE RISK	MODERATE RISK	HIGH RISK
Rare	LOW RISK	LOW RISK	LOW RISK	MODERATE RISK	MODERATE RISK

Image Source: CHICA Canada



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# The Audit Process

## ACTION PLANNING CHART

<p><b>Critical Risk: STOP ACTIVITY!</b></p> <ul style="list-style-type: none"><li>➤ Risk management must be informed to initiate senior administrative notification</li><li>➤ Requires <b>immediate</b> written recommendations presented in person to Director and Manager</li><li>➤ Written action plans with timelines must be set</li><li>➤ <b>ACTION TIMELINE: Immediate action required</b></li></ul>
<p><b>High Risk: STOP ACTIVITY!</b></p> <ul style="list-style-type: none"><li>➤ Risk management must be informed to initiate senior administrative notification as required Requires written recommendations, preferably presented in person to Director and Manager within 48 hours</li><li>➤ Written action plans with timelines must be set</li><li>➤ <b>ACTION TIMELINE: 48 hours</b></li></ul>
<p><b>Moderate Risk:</b></p> <ul style="list-style-type: none"><li>➤ Written recommendations to Director and Manager</li><li>➤ Written action plans with timelines set</li><li>➤ <b>ACTION TIMELINE: 3 months</b></li></ul>
<p><b>Low Risk:</b></p> <ul style="list-style-type: none"><li>➤ Written recommendations to Manager</li><li>➤ Written action plans with timelines set</li><li>➤ <b>ACTION TIMELINE: 6 months or longer</b></li></ul>

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!

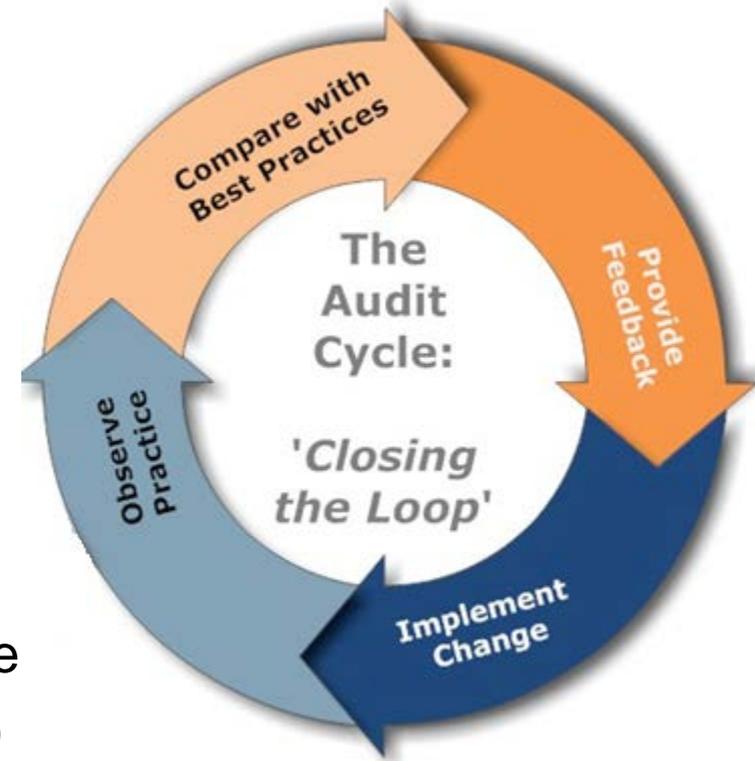


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# The Audit Process

Deficiency # and Description	Actions To Be Taken To Resolve Issue	Responsible Person(s)	Target Resolution Date	Date Issue Resolved	Signature of Responsible Person (s)
20130501 – toilets improperly installed on unit A5					
20130502 – glove review for nursing required					

\* 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.



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# 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?



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# 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

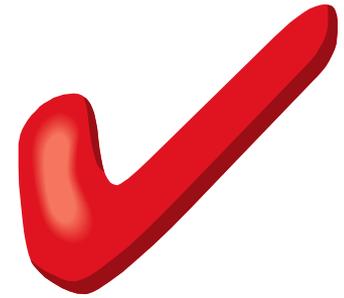


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# Do Not Enter!



- **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



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# 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



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# 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!!!!



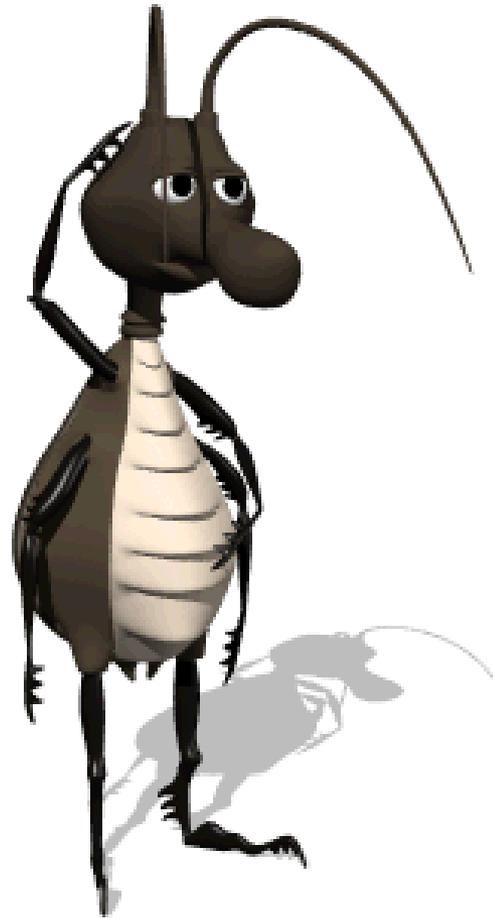
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# Questions?



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