

# Champlain Regional IPAC (Hub) Team

## IPAC Auditing Program

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| <b>Topic</b>                 | IPAC Auditing Program  |
| <b>Purpose</b>               | To provide foundational information required for an Infection Control and Prevention (IPAC) Auditing Program   |
| <b>Disclaimer</b>            | <p>The following document is for information purpose only. Designing an auditing program is tailored to the facility needs and can be complex depending on the data required and resources available. For more individual guidance the Champlain Regional IPAC Team is available to support you directly and can be contacted at any time at <a href="mailto:ChamplainIPACRequest@toh.ca">ChamplainIPACRequest@toh.ca</a></p>  |
| <b>IPAC Auditing Program</b> | <p><b><u>What is Auditing?</u></b><br/> Auditing practice refers to the observation, collection and review of information related to specific part of practice.</p> <p>Auditing is one tool amongst a web of IPAC tools that creates a successful IPAC program.</p> <p>It is imperative that auditing is recognized as a cyclical progress or a process that continues like a continuous cycle. A concept recognized with IPAC auditing is the Plan, Do, Study, Act (PDSA) cycle (Khamis, 2016). In simple terms, this means that there is a detailed plan on what to audit and the process, audits are obtained, results are interpreted and based on interpreted results actions are done to improve or maintain compliance. With this process being cyclic, once an action is done it is important to revert to step 1 of planning to measure the effectiveness of the intervention and to monitor for future drifts in practice.</p> <p><b><u>Policy</u></b><br/> There should be a policy created on auditing that can include but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Who audits? Ex. IPAC Lead, Supervisor, IPAC Champion</li> <li>2. What is the auditors role? Ex. audit practice, provide in the moment teaching, monitor trends in data, who do they report results to</li> <li>3. How many audits are required and in what timeframe?</li> <li>4. What is audited?</li> </ol> |

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5. What training do auditors receive to be able to audit to ensure there is consistency in reporting? How do you assess or ensure continued competency with your auditors?
6. What is done with the data obtained? Ex. data is trended and analyzed for root causes if there are drifts in practice
7. If a contributing factor to drift in practice (refer to 'Identifying Drifts in Practice') is based on continued noncompliance what steps are followed or what policy is to be referenced?
8. What is done to ensure that this policy is being followed? Who monitors compliance?
9. What are the expected target goals? Ex. Hand Hygiene 90% compliance, Mask wearing 100% compliance
10. What tool will be used to capture data?

### How to Choose What to Audit?

Audit topics have some key criteria that must be met. Topic requirements include: measurable, observable by the auditor, evidence-based, explicit, related to important aspects of care and linked to health outcomes (Bialachowski, 2010).

#### **Example:**

Perhaps you have a hand washing program in place that encourages staff to clean their hands in certain situations. This is a good topic to choose to audit as there is policy in place, staff have been provided education on the topic, hand hygiene meets all the topic requirements and in the moment education can be based on policy that is familiar to staff.

Did you provide new education that meets the mentioned requirements to all staff or a specific discipline of staff? This could be a good opportunity to audit as the education was recently provided and auditing can be used to identify effectiveness of education and if further education is required to reach target goals. Be mindful with new concepts, compliance may start low and increase as it can take time to change old habits/practices.

#### **Audit Topic Examples:**

1. **Donning and Doffing** (full PPE donning and doffing or more focused ex. gloves only)

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2. **Eyewear and Masking**
3. **Environmental Hygiene** (technique or efficacy)
4. **Hand Hygiene**
5. **Breakrooms** (physical distancing or donning station is consistently stocked properly)

### **Program Size:**

Start small. Choose 1 -2 items to focus on and expand once the program is functional at a small scale.

### **Audit Tool**

A tool must be created to capture the relevant data and to ensure that it is the process is the same across all auditors. Audit tools can look very different from facility to facility. Some facilities are paper-based where others are electronic. Both are fine if data can be collected from the tool to be analyzed. One of the main goals of an audit tool is for it to be quick and easy (Bialachowski, 2010). Simple 'yes' or 'no' options are ideal.

Ensure you capture the data that is a part of your audit goals. Example: Audit topic, setting and discipline. A way to ensure you have the correct fields is to think about what the conclusion statement format will be after analysis.

### **Example:**

Conclusion Statement Format: 'After auditing **hand hygiene moment 4** it was found that there was **70% compliance** in the **dining room** with **PSW staff**.' For this audit tool you would need: The topic of audit (Hand hygiene and the various moments), ability to say if someone was compliant or noncompliant, the location and the discipline of the staff.

A final consideration before finalizing an auditing tool is to test it in real-life situations (Bialachowski, 2010). This is a good way to find what works well and what areas need improvement to ensure the tool is effective.

### **Frequency**

Choose a frequency that works for your facility.

### **Example:**

If you are a facility with 15 staff it is unlikely that you would see 50 hand hygiene audit opportunities in 1 day within the 30mins of time provided to

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|                             | <p>audit. Perhaps a more realistic goal is 20 hand hygiene audits per week and a requirement for 1 staff to demonstrate a full don and doff of contact/droplet PPE.</p> <p>Allocate time specifically for audits to ensure they can be done. This can be done informally or with a specific schedule. Ensure that audits are captured during all shifts and disciplines that would do the skill you are auditing.</p> <p>Auditing frequency is recommended to be increased in certain situations such as a noted drift in practice or outbreak situation.</p> <p><b><u>What Do I Do With the Data?</u></b></p> <p>One key factor in an auditing program is ensuring that you have a plan for the data you gather through your audits.</p> <p>Example: If my audit results are not as high as I wanted them to be, what do I do about it?</p> <p><b><u>Identifying Drifts In Practice</u></b></p> <p>A drift in practice is when compliance was noted to be at a higher level and is now trending down. A drift in practice is best dealt with early in the drift before it becomes a cultural norm. Looking for root causes, addressing the root cause and providing communication with all staff is key.</p> <p>Example: Hand hygiene audits are noted to be at 68% this week rather than the 97% at the beginning of the month. When speaking with staff they expressed that many ABHR (Alcohol Based Hand Rub) dispensers were empty. After filling the ABHR dispensers and communicating with staff that they are full compliance was noted to increase.</p> |
| <p><b>Key Takeaways</b></p> | <p><b><u>Key Takeaways</u></b></p> <ol style="list-style-type: none"> <li>1. Have an auditing policy.</li> <li>2. Ensure audit topics are measurable, observable by the auditor, evidence-based, explicit, related to important aspects of care and linked to health outcomes.</li> <li>3. Start small. Pick 1-2 areas to audit to start.</li> <li>4. Have an auditing tool.</li> <li>5. Effective education is key prior to initiating auditing unless a baseline data point is required.</li> <li>6. Have designated people who have up to date training doing audits to ensure consistency.</li> </ol>  |

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|                   | <ol style="list-style-type: none"><li>7. Choose a frequency and quantity of audits that is realistic to your facility and adjust based on situation.</li><li>8. Trend audit data.</li><li>9. Have a plan to address audit data.</li><li>10. People typically don't want to be noncompliant. Find the root cause!</li></ol>                               |
| <b>References</b> | <p>Bialachowski, A., Clinker, K., Leblanc, M., &amp; Mcdonald, S. (2010). The audit process: Part II setting the audit criteria. <i>Canadian Journal of Infection Control</i>, 25(2), 109-111.</p> <p>Khamis, N. &amp; van Kippenberg-Gordebeke, G. (2016). IFIC Basic Concepts of Infection Control. International Federation of Infection Control.</p> |
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