

Sample Schedule:

IPAC Champion Auditing Duties in Long-Term Care Homes

Instructions

This resource provides an example for IPAC Leads in long-term care homes to reference when implementing a schedule to assign staff/IPAC Champions to assist with hand hygiene and PPE auditing data collection. Two schedules have been provided – one for prevention (i.e., during non-outbreak periods) and one for control (i.e., during outbreak periods, as auditing activities should be increased when a home is experiencing an outbreak).

This sample schedule was developed for a home with 2 floors, 56 residents and 90 staff. In this example, only managers were responsible for PPE auditing, while staff assisted with hand hygiene auditing.

IPAC Leads should create an auditing schedule that is tailored to the specific needs of their home. When developing an auditing schedule for your home, it's important to consider various factors, including:

- <u>Size of the home</u>: Auditing frequency should increase with a greater number of residents in the home.
- <u>Staff capacity</u>: IPAC Leads will need to consider current staffing levels to determine feasibility of auditing duties.
- <u>Internal policies</u>: IPAC Leads should consider their long-term care home's internal policies and/or Corporate requirements, as they may provide specific auditing frequencies they are required to meet.
- <u>Local Public Health</u>: IPAC Leads' local public health unit may provide them with a recommended number of audits that should be completed in a given time period.

Helpful Tips

- Overscheduling audits ensures good sample size to meet minimum goal and captures all areas of home and shifts in data.
- Residents with a known antibiotic resistant organism (e.g., MRSA, VRE, CPO) who are on contact precautions offer the opportunity for increased data collection for audits.

Glossary of Terms

- ADOC Assistant Director of Care
- DOC Director of Care
- ED Executive Director
- ICM Infection Control Manager
- NM Nutrition Manager
- OM Office Manager
- RM Recreation Manager
- RSC Resident Services Coordinator

Sample Audit Schedule for LTCH

Hand Hygiene DAILY Audit Schedule for Prevention (non-outbreak)

	Days	Evenings	Nights
1 st Floor	*RN = 1 *RPN = 1 OM = 1	* Eve RN = 1 ED = 1 RSC = 1	*RN = 1
	ADOC = 1		
2 nd Floor	*RPN = 1	*Eve RPN = 1	*RN = 1
	ICM = 1	DOC = 1	
	RM 1	OM = 1	
	NM = 1		
Daily total = 8		6	2

Goal = x16/day; 112/week

*Staff bolded are the minimum required per week = 56

Personal Protective Equipment **DAILY** Audit Schedule for Prevention

Mon		Tues		Wed		Thur	S	Fri	
ADOC	:1 Day	RSC	1 Day	DOC	1 Day	RM	1 Day	ED	1 Day
	1 Eve		1 Eve		1 Eve		1 Eve		1 Eve
ICM	1 Day	ICM	1 Day			NM	1 Day	ICM	1 Eve

If *no* resident(s) on isolation (including residents with ARO) = x^2 /week If resident(s) *on* isolation: x^2 /day (different shifts) = 14 per week.

Managers responsible for PPE auditing to audit on same floor as their office location.

Sample Schedule for LTCH

Hand Hygiene DAILY Audit Schedule for Outbreak

	Days	Evening	Nights
1 st Floor	RN = 2 RPN = 2 NM = 2 OM = 2 ADOC = 2	Eve RN = 2 Eve RPN = 2 ED = 2 RSC = 2	RN = 4
2 nd Floor	RPN = 2 RM = 2 ICM = 2	Eve RPN = 2 DOC = 2	RN = 4
Daily Total =	16	12	8

Goal = 36/day, 252/week

*Staff bolded are the minimum required per week = 168

Personal Protective Equipment DAILY Audit Schedule for Outbreak

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
On-call (if	ADOC	RSC	DOC	RM	ED	On-call (if
onsite)	1 Day	onsite)				
2	1 Eve	1 Eve	ICM	1 Eve	1 Eve	2
			1 Eve			

Audit on same floor as office location

If resident(s) on isolation: x2/day (different shifts) = 14 per week

Managers responsible for PPE auditing to audit on same floor as their office location.