

## Clinical Audit Case Example: Hand hygiene audit by Vale Vets

### Section A: The eight stages of a clinical audit

Clinical audit is a process for monitoring standards of clinical care to see if it is being carried out in the best way possible, known as best practice.

Clinical audit can be described as a systematic cycle. It involves measuring care against specific criteria, taking action to improve it, if necessary, and monitoring the process to sustain improvement. As the process continues, an even higher level of quality is achieved.

### What the clinical audit process is used for

A clinical audit is a measurement process, a starting point for implementing change. It is not a one-off task, but one that is repeated regularly to ensure on-going engagement and a high-standard of care.

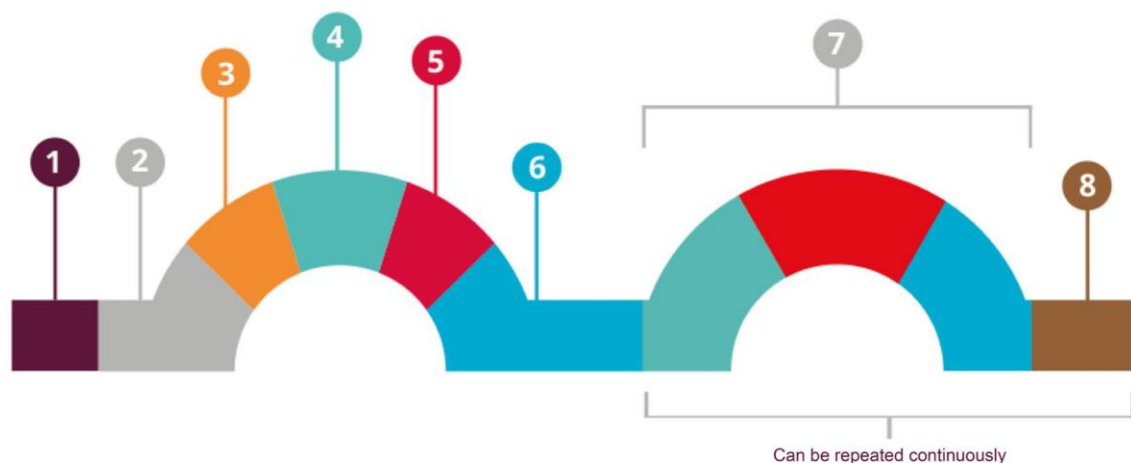
It is used:

- ⇒ To check that clinical care meets defined quality standards.
- ⇒ To monitor the changes made to ensure that they are bringing about improvements and to address any shortfalls.

A clinical audit ensures concordance with specific clinical standards and best practice, driving improvements in clinical care. It is the core activity in the implementation of quality improvement.

A clinical audit may be needed because other processes point to areas of concern that require more detailed investigation.

A clinical audit facilitates a detailed collection of data for a robust and repeatable recollection of data at a later stage. This is indicated on the diagram where in the 2nd process we can see steps 4, 5 and 6 repeated. The next page will take you through the steps the practice took to put this into practise.



### **1. Choose a topic relevant to your practice**

**The topic should be amenable to measurement, commonly encountered and with room for improvement.**  
The team decided on hand hygiene so that the practice could identify specific at risk areas.

### **2. Selection of criteria**

**Criteria should be easily understood and measured.**

A self-assessment form was created which gave each assessment a score.

### **3. Set a target**

**Targets should be set using available evidence and agreeing best practice. The first audit will often be an information gathering exercise; however, targets should be discussed and set.**

The aim of the first audit was to obtain a benchmark, and to identify particular areas that were more prone to reduced standards.

### **4. Collect data**

**Identify who needs to collect what data, in what form and how.**

The team were assessed at random and through a self-assessment questionnaire.

### **5. Analyse**

**Was the standard met? Compare the data with the agreed target and/or benchmarked data if it is available. Note any reasons why targets were not met. These may be varying reasons and can take discussion from the entire team to identify.**

Overall hand hygiene within the team was good, but there were areas for improvement. It was identified that the team were unsure when a full hand wash should be completed as opposed to an alcohol wash.

### **6. Implement change**

**What change or intervention will assist in the target being met? Develop an action plan: what has to be done, how and when? Set a time to re-audit.**

A clearer protocol was developed for handwashing and disseminated across the team. Team members were reminded of the bare below the elbow rule and the importance of this, by demonstrating with bacterial fluorescence gel.

### **7. Re-audit**

**Repeat steps 4 and 5 to see if changes in step 6 made a difference. If no beneficial change has been observed then implement a new change and repeat the cycle. This cycle can be repeated continuously if needed. Even if the target is not met, the result can be compared with the previous results to see if there is an improvement.**

A repeat audit is due

### **8. Review and reflect**

**Share your findings and compare your data with other relevant results. This can help to improve compliance.**

## Clinical Audit Case Example: Hand hygiene self-assessment by Vale Vets

### Section B: Hand hygiene self-assessment by Vale Vets

**Name of initiative:** Hand Hygiene Self- Assessment  
**Initiative start date:** 19<sup>th</sup> November 2018  
**Submitted by:** Robert Hallworth

### Introduction

This hygiene self-assessment was carried out as part of the practice application to the IVC Clinical Board's Patient Safety Award. This self-assessment was used to help us accurately identify which areas of our practice we need to focus our quality improvement on and which areas of hygiene required improvement.

### Aims

1. To generate an average hygiene score at random for multiple members of staff
2. To identify which specific areas of hygiene we were lacking
3. To identify where a change in protocol and guidelines could help us to improve hygiene and therefore clinical care in practice

### Actions

Staff members were not given pre-warning about the self-assessment. Vets and nurses were allowed to go about their first consult as they normally would. Staff members were then asked at random to fill in a hygiene self-assessment questionnaire, the results were anonymised then collated and assessed. The questionnaire included questions like how often staff members were washing their hands, what they were washing them with and if they had removed jewellery such as rings and watches.

### Results

- We identified that hand washing as a whole was done very well although staff members were unsure when they should be doing a full WHO wash vs when they should be using alcohol wash.
- It was identified that very few members of staff were removing rings and watches before starting consults in the morning.

## Impact of intervention

Results were fed back to staff members. Overall levels of hygiene were really good. However, a clear protocol was developed for handwashing; before each block of consults hands are washed using WHO hand washing guidelines with hibiscrub, alcohol wash is then used between each patient in a consulting block. Prior to starting another consulting block hands are washed again with WHO hibiscrub.

Staff members were reminded of the bare below the elbow rule and the importance of this. We used bacterial fluorescence gel to demonstrate to staff the amount of bacteria that gathers around rings and watches and therefore how important it is to remove them before touching patients.



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This information is provided for use for educational purposes. We do not warrant that information we provide will meet animal health or medical requirements.

Interested in submitting your own case example? Email us at [ebvm@rcvsknowledge.org](mailto:ebvm@rcvsknowledge.org).

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### Section C: Hand hygiene self-assessment form

The following documents were created by IVC for the monitoring of hand hygiene within Vale Vets. Attached you will find the self-assessment form.



## **Basic Hygiene: Self-assessment Protocol**

In order to ensure that all staff within your clinic are complying with the Clinical Board Hygiene Guidelines, we have designed a Hygiene Self-Assessment Form (see below).

This simple tick list should be used as follows:

- Choose a day to perform the assessment and prepare a form for each member of the clinical team who will be on duty that day
- Do not disclose the assessment to the clinical team in advance
- At a convenient time during the working day, ask all clinical team members to complete the survey
- The assessment applies for the first patient that you have been involved with that day, whether this is a medical inpatient, a surgery case, in a consult room, in isolation etc.
- This is a self-assessment exercise, and should be completed anonymously by each team member themselves after a short period of self-reflection

Once all forms have been collected, the results can be analysed to produce a score for your clinic using the Hygiene Self-Assessment Summary Form (see below).

This process and scoring system can help to guide your practice team on areas of improvement, and provide an objective measure for ongoing assessment and feedback.

The results of your self-assessment should be submitted to the Patient Safety group as part of the Patient Safety Accreditation process. We would expect to see an assessment performed every 4-6 months, and would like to see:

- Examples of completed self-assessments
- The overall scoring summary for each branch within the practice group, along with previous scores where available
- A summary of the outcome, including any required actions to improve the overall scores and details of success stories where changes have improved outcomes



## Hygiene Self-Assessment Form

Date \_\_\_\_\_

Clinic \_\_\_\_\_

**The assessment applies for the first patient that you have been involved with today.**

	YES	NO	N/A
Hand disinfectant prior to patient contacts			
Hand disinfectant after patient contacts			
Hands free of rings			
Wrists free of watches			
Short nails without nail polish / artificial nails			
Long hair tied up			
Scrubs with short sleeves			
Long trousers			
Dedicated work shoes with fully covering upper side			
Gloves when in contact with any body fluid			
Plastic apron/ coat when in contact with animals with infectious disease			
Plastic apron/ coat when in contact with risk of contamination			

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Hygiene Self-Assessment Summary Form

Date \_\_\_\_\_ Number of participants: \_\_\_\_\_

Clinic \_\_\_\_\_

### SUMMARY OF SELF-ASSESSMENT (BASED ON THE RESULTS FROM EACH PARTICIPANT)

	NUMBER OF "YES"	NUMBER OF "NO"	N/A
Hand disinfectant prior to patient contacts			
Hand disinfectant after patient contacts			
Hands free of rings			
Wrists free of watches			
Short nails without nail polish / artificial nails			
Long hair tied up			
Scrubs with short sleeves			
Long trousers			
Dedicated work shoes with fully covering upper side			
Gloves when in contact with any body fluid			
Plastic apron/ coat when in contact with animals with infectious disease			
Plastic apron/ coat when in contact with risk of contamination			
<b>TOTAL</b>			





**CALCULATIONS OF TOTAL COMPLIANCE**

Total number of "YES" (from the table above): \_\_\_\_\_

Total number of ["YES"+"NO"] (from the table above): \_\_\_\_\_

**Total compliance in %** ((Total number of "YES" / Total number of ("YES"+"NO")) x 100): \_\_\_\_\_

*(please note that "N/A" answers are not included in the calculations)*

**CONCLUDING REMARKS**

What are our weak spots? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can we improve our results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are our goals for next time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

