

## Clinical Audit Case Example: Hygiene and uniform audit by The Laurels

### 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 ongoing engagement and a high-standard of care.

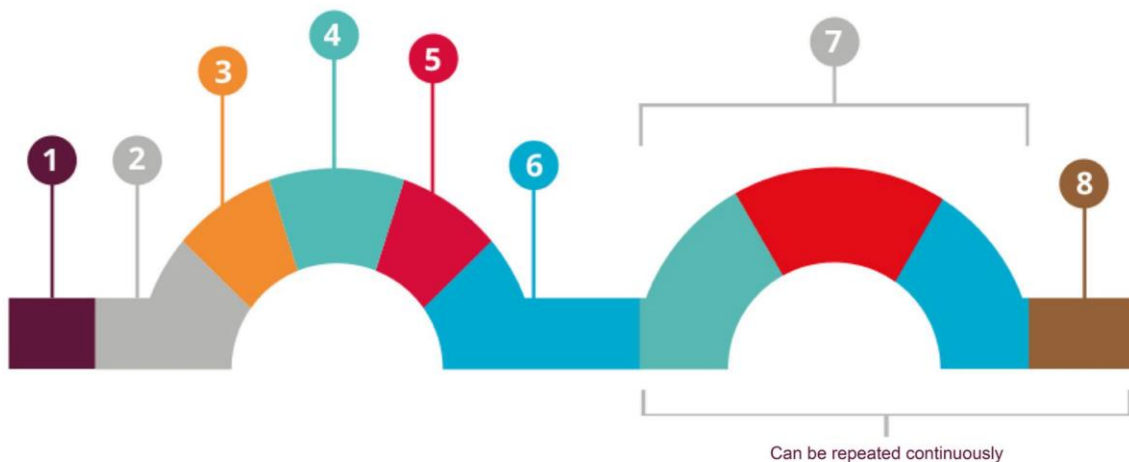
It is used:

- ⇒ 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 to audit whether hygiene and uniform protocols were being followed.

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

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

A number of self-assessment questions were designed, and the team answered yes or no to each one.

### **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.**

This audit was performed to obtain information on the current standard (benchmark) of the practice.

### **4. Collect data**

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

The audit was run by the nursing team and involved self-assessment.

### **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.**

The initial audit results showed that only 59% of the protocols were being followed.

### **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.**

New guidelines were distributed among the team, as well as reminders about current protocols.

### **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.**

The audit was repeated after 6 months, this showed an increase to 95%.

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

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

The findings are reported to the team on a regular basis.

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### Section B: Clinical audit in practice, using hygiene as an example

**Name of initiative:** Hygiene and uniform self-assessment  
**Initiative start date:** February 2019  
**Submitted by:** Sandra Hunt



**The Laurels**  
Veterinary Group

### Introduction

The Laurels is a three vet, small animal practice over two sites in Herefordshire, one in Hereford and one at Ewyas Harold. As a team, we believe in reinvesting in our practice, whether it is with new pieces of equipment to enable us to do the best possible job we can for your pet, or attending courses to update our knowledge and keep abreast of all the new treatments and procedures available.

We are a veterinary nurse training practice, working closely with colleges to help produce qualified nurses for the future. The trainees work alongside our veterinary surgeons, qualified nurses and long-established members of staff who help train and mentor them. We are also an RCVS accredited practice, meaning we've volunteered to undergo a rigorous inspection by a qualified inspector, which will be repeated every four years. The accreditation has been established to provide a quality assurance framework, to promote and maintain the highest standard of veterinary care. We are also a Weight Management Centre and won The Royal Canin Practice of the Year 2017. Although we are only a small practice, we strive to improve every aspect of what we do for the care and safety of the patient.

### Aims

We recently undertook a series of tasks with the aim of quality improvement. We wanted to improve hygiene between patients to reduce cross-contamination.

### Actions

Hygiene self-assessments were conducted by the nurses, which showed us several areas that needed improving. The self-assessment involved a 'yes' or 'no' to the following questions:

- Hand disinfectant before patient contact
- Hand disinfectant after patient contact
- 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 covered upper side
- Gloves when in contact with any body fluid
- Plastic apron/coat when in contact with animals with infectious diseases
- Plastic apron/coat when in contact with risk of contamination.

The answers were then given a numerical value, so the overall result could be turned into a percentage.

## Results

The first audit, completed in February, revealed that only 59% of our hygiene and uniform protocols were being adhered to. Closer inspection showed that our weak spots were disinfection before handling patients and that the correct uniform and shoes were not always being worn.

The protocol was amended, and the team reminded that dedicated work shoes should be left at the practice. Fob watches were supplied so that there was no need to wear a watch on the wrist. Copies of the hygiene guidelines were given to all members of the team as a reminder.

A repeat audit was completed in August and showed that 95% of the hygiene and uniform protocols were being adhered to, a vast improvement. Closer inspection showed that our weak spot was still hand disinfection before handling patients, although this had improved from the initial audit. We also do spot checks to make sure that compliance is still being maintained. These are showing positive results, as we involved the team in initial discussions they realised the importance of the protocols and everything we were trying to achieve was for the benefit of the animal, making 100% compliance achievable.

## Impact of intervention

The introduction of quality improvement (QI) has had a significant benefit to all our patients, as we have massively improved our clinical standards so every patient is getting the same care. We record all information so it can be spot-checked, ensuring standards do not slip. We have checklists for all aspects of care to help the team maintain standards, and they are also a useful tool for any new member to run alongside their training. QI has also helped all our team consider what we are striving to achieve – best clinical standards and, most importantly, consistently maintaining them. The comments that we have had from the nursing team is that they now feel proud of what they are doing, which is down to everybody recognising a need for improvement, working together as a team to implement changes required and ensuring the changes are maintained. To cover the extra work involved, we charge a hospitalisation day case charge of £10 per patient. On admittance, the nursing team also explain to the owners all the checks we make to inform them of the patient safety initiative to help with client bonding and also as a reassurance at a very stressful time.

As a small team, everybody has been involved in the initiatives. This has been done in discussion at meetings, where everybody takes ownership of the initiative to decide what the objective is and how best to achieve it, in a way that is practical but still fulfils what we want to achieve. This has worked extremely well within our practice, with the team engaged in what we were trying to achieve as it is the best for patient safety – the reason they all wanted to gain their professional qualification.



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

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### Section C: Hygiene self-assessment forms

The following documents were created by The Laurels for the monitoring of hygiene and uniform among the team members. Attached you will find:

1. **Hygiene self-assessment for February audit**
2. **Hygiene self- assessment for August audit**

# Hygiene Self-Assessment Form

Date

21 | 2 | 19

Surgery

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	✓	<del>NO</del>	
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		X	✓
Plastic apron/ coat when in contact with risk of contamination		✓	

Comments

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## Hygiene Self-Assessment Form

Date

21 / 2 / 19

Surgery

[Redacted]

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	X	✓	
Short nails without nail polish / artificial nails	X	✓	
Long hair tied up	X	✓	
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	X	✓	

Comments

Improvements will be made.  
immediately.

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## Hygiene Self-Assessment Summary Form

Date: 21/2/19 Number of participants: 2 Surgery: [REDACTED]

### 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	1	1	
Hand disinfectant after patient contacts	1	1	
Hands free of rings	2		
Wrists free of watches	1	1	
Short nails without nail polish / artificial nails	1	1	
Long hair tied up	1	1	
Scrubs with short sleeves	2		
Long trousers	2		
Dedicated work shoes with fully covering upper side		2	
Gloves when in contact with any body fluid	2		
Plastic apron/ coat when in contact with animals with infectious disease		2	2
Plastic apron/ coat when in contact with risk of contamination		2	
<b>TOTAL</b>	<b>13</b>	<b>9</b>	<b>2</b>



## CALCULATIONS OF TOTAL COMPLIANCE:

Total number of "YES" (from the table above): 13

Total number of ["YES"+"NO"] (from the table above): 22

Total compliance in % ((Total number of "YES" / Total number of ("YES"+"NO")) x 100): 59%

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

### CONCLUDING REMARKS

What are our weak spots? Not always following hygiene protocols.

How can we improve our results? Ensure hand disinfection prior to and between patients. Dedicated work shoes to be left at practice. Switch to fob watches. Ensure nails/hair meets requirements. Consider infectious diseases.

What are our goals for next time? Amend protocols to ensure maximum hygiene with all cases (members of staff). Copy of hygiene guidelines given to all members of staff.



Date: 29/8/19

Surgery: \_\_\_\_\_

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

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## Hygiene Self-Assessment Form

Date: 29/8/19  
Surgery: [REDACTED]

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

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

Comments

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## Hygiene Self-Assessment Summary Form

Date: 29/8/19 Number of participants: 2

Surgery: 

### 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	1	1	
Hand disinfectant after patient contacts	2		
Hands free of rings	2		
Wrists free of watches	2		
Short nails without nail polish / artificial nails	2		
Long hair tied up	2		
Scrubs with short sleeves	2		
Long trousers	2		
Dedicated work shoes with fully covering upper side	2		
Gloves when in contact with any body fluid			
Plastic apron/ coat when in contact with animals with infectious disease	2		
Plastic apron/ coat when in contact with risk of contamination	2		
<b>TOTAL</b>	<b>21</b>	<b>1</b>	

**CALCULATIONS OF TOTAL COMPLIANCE**

Total number of "YES" (from the table above): 21

Total number of ["YES"+"NO"] (from the table above): 22

Total compliance in % ((Total number of "YES" / Total number of ("YES"+"NO")) x 100): 95

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

**CONCLUDING REMARKS**

What are our weak spots?

Disinfection prior to All patients.

How can we improve our results?

Ensure all staff are complying.

What are our goals for next time?

100% compliance with all  
members of staff.