

Clinical Audit Case Example: Handwashing Audit by Vets Now Glasgow

Section A: The eight stages of a clinical audit using handwashing techniques as an example.

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.

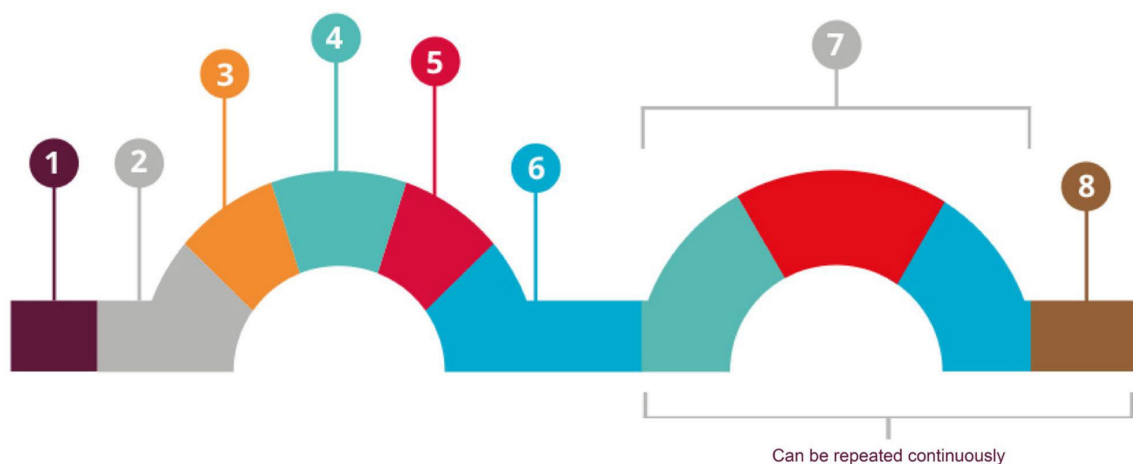
It is used:

- ⇒ 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. In this case, the adherence to handwashing guidelines throughout the hospital was chosen. This was to ensure gold standard practice in a hospital environment that regularly has a large number of infectious and/or immunocompromised patient.

2. Selection of criteria

Criteria should be easily understood and measured. A random selection of hospital staff were observed in a variety of situations to monitor their adherence to the hand washing guidelines.

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 decided target for this audit was a compliance of 75% or over. This was based on evidence from best practice standards in veterinary and human healthcare.

4. Collect data

Identify who needs to collect what data, in what form and how. A spreadsheet was designed that recorded the staff member's role, the time, whether there was opportunity to comply with the guidelines and whether the hand wash was performed correctly. The key moment was also recorded, these were allocated times that the hand wash guidelines should be adhered too, and included: before patient contact, after patient contact, before aseptic task, after exposure to bodily fluids and after exposure to the patient surroundings.

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 results obtained initially obtained were on target at 75%. Although this was on target, reminders of the handwashing SOP were sent to all team members and handwashing signage was erected at the appropriate stations within the hospital.

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. Interventions were put in place to maintain the compliance number over time. The audit was to be repeated on a monthly basis.

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. Further audits undertaken were above target, at 80% and 90%. However there was a period where results were under target at 50% and 67%.

8. Review and reflect

Share your findings and compare your data with other relevant results. This can help to improve compliance. On reflection these numbers coincided with the recent hospital refurbishment, where the staff and building were disrupted.

Clinical Audit Case Example: Handwashing Audit by Vets Now Glasgow

Section B: Clinical Audit in practise, using handwashing techniques as an example.

Name of initiative: Auditing handwashing techniques
Initiative start date: January 2018
Submitted by: Gillian White, Senior Wards Nurse
Practice/organisation: Vets Now Emergency and Speciality Hospital, Glasgow



Introduction

Glasgow Emergency Hospital strives to be a leader in good clinical practice. As such, it compiles regular audits to ensure Gold Standard practice. One such observational process looks at handwashing techniques.

Working with infectious and immunocompromised patients means correct techniques should be used to prevent the spread of disease or causing harm to patients who are already debilitated.

The main indications for using good hand washing techniques are:

- ⇒ To prevent the transmission of disease between patients
- ⇒ To prevent the transmission of zoonotic diseases
- ⇒ To reduce the risk of antibiotic resistance

Aims

This report was used to assess the adherence of the Glasgow Referrals hospital team to WHO hand washing guidelines and discuss the challenges faced - that could contribute to poor engagement – and the improvements that could be made using the results as guidance.

Actions

As an initial tactic the practice Standard Operating Procedure had been forwarded to the hospital team as a reminder of the handwashing process.

We also used the audits to formulate a spreadsheet that looks at risk areas. This allowed for handwashing stations to be made readily available, fully stocked and highlighted - in order to encourage and ensure compliance.

On a monthly basis, a random selection of hospital staff were observed in a blind audit in various situations to detect their adherence to hand washing guidelines. These measurements included:

- ⇒ Before patient contact,
- ⇒ After patient contact,
- ⇒ Before aseptic task,
- ⇒ After exposure to bodily fluids,
- ⇒ Before exposure to patient surroundings,
- ⇒ After exposure to patient surroundings.

A total of 20 observations were made over the referral and out of hour's team, with the expected target to reach over 75%.

An audit form was used to fill out the marks of engagement, where the hand hygiene target had been missed and detecting the staff who have not achieved the desired mark. This was to highlight more training and encouragement if required.

Results

In the time period from January to September 2018, the results were variable:

- ⇒ January-March: 75%, 80%, 90% (81% average)
- ⇒ April-June: 50%, 90%, 100% (80% average)
- ⇒ July- September: 80%, 67%, 70% (72% average)

The most recent results were lower than our usual hygiene standard, but these came after the recent hospital refurbishment. With that in mind the following facilities were improved:

- ⇒ WHO hand washing signage newly erected at sinks and hand washing stations
- ⇒ Water and soap dispensers are automatic so reducing contamination from touching taps and pumps.
- ⇒ Increased number of pedal bins
- ⇒ Increased access to antibacterial hand rub (Sterilium®)

The disruption of the expansion may have affected engagement and recalling the specific criteria for hand washing procedures.

After the above action points, the subsequent handwashing results were:

- ⇒ Oct-December: 75%, 80%, 70% (75% average)

This brought the average compliance score to 75% which is in line with the company target.

Therefore, it shows that the audit process has a positive impact on essential clinical performance.

Impact of intervention

The audit results, and required interventions had a positive impact on adherence to the guidelines. Through this they also had an impact on the following:

- ⇒ Better clinical performance
- ⇒ Improved understanding of clinical targets
- ⇒ Improved education on the necessity of good clinical performance and the impact of results out-with standard
- ⇒ Awareness of employee responsibility for self

For future audits, spot checks with fluorescent hand gel will be introduced to highlight defects in techniques. This will not be to appropriate blame, but to identify any specific challenges that may be occurring. This can also help to identify any 'at risk' areas within the hospital environment. This may indicate the requirement for different guidelines and audits to be used in specific areas of the hospital e.g. in chemotherapy areas.

Overall the average engagement is 78% which is above company standard and shows good compliance with WHO health guidelines.



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/). Feel free to adapt and share this document with acknowledgment to RCVS Knowledge and the case example author Gillian White, Vets Now Glasgow.

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.

Clinical Audit Case Example: Handwashing Audit by Vets Now Glasgow

Section C: Clinical audit in practise, using handwashing techniques as an example.

The following documents were created by Vets Now Glasgow for the monitoring of the handwashing frequency and technique among team members in the hospital. Attached you will find:

- 1. Monthly hand hygiene monitoring form**
- 2. Proposed monthly hand washing audit form for at risk areas and patients**

Monthly hand hygiene monitoring form

Hand Hygiene Monitoring	Glasgow Vet Referral Service
-------------------------	------------------------------

Analysis to determine if hand hygiene is optimal

Area: Month: FEBRUARY
Number %

Total opportunities/key moments occurred
Total opportunities taken
Total complied with standard

Notes:
Staff Group: V for Vet, VN for Vet Nurse, A for Animal Care Assistant, O for other staff.

Key moment: 1 for before patient contact, 2 for before aseptic task, 3 for after body fluid exposure risk, 4 for after patient contact, 5 for after contact with patient surroundings

Non compliance with HW standard (reasons)

S, jewellery/watches not removed prior to handwashing
T, sleeves not rolled up prior to handwashing
U, liquid soap applied before hands wet, V, insufficient time/effort spent on handwashing W, hand gel used when hands should have been washed X, after washing taps turned off with hands rather than elbows Y, hands not washed after gloves removed Z, when disposing of towels, bin opened using hand rather than foot pedal

Specialty			Area:						
Opportunity	Observer Full Name	Observer Staff Group Enter V, VN, A, O	Date	Time (am/ pm/ night)	Staff Group Enter V, VN, A, O	Key Moment Enter 1,2,3,4 or 5	Opportunity taken ✓ or X	Complied with HW standard ✓ or X	If not complied with HW standard, reason (Enter S,T,U,V,W,X,Y,Z)
1.	Gillian White	VN	19/2/18	AM	O	4	✓	✓	(KL)
2.					V	4	X	X	(LD)
3.					VN	2	✓	✓	(TT)
4.					O	5	✓	✓	(LS)
5.					V	4	✓	✓	(AMC)
6.				PM	VN	4	✓	✓	(SE)
7.			20/2/18	AM	VN	5	✓	✓	(K2)
8.				AM	VN	4	✓	X	W (SM)
9.					VN	3	✓	✓	(SC)
10.				PM	O	4	✓	✓	(EF)
11.			21/2/18	AM	A	1	✓	✓	(CW)
12.					V	4	✓	✓	(2A)
13.				PM	V	3	✓	✓	(TK)
14.				PM	VN	3	✓	✓	(UM)
15.				PM	VN	1	✓	✓	(LG)
16.	Riann Snodden	VN	25/2	Night	V	1	✓	✓	
17.					VN	2	✓	✓	
18.					V	3	✓	X	
19.					A	4	X	X	
20.					A	5	✓	✓	

Provide information on issues which effect compliance with standard:
 overall compliance = 80%
 Referral = 87%
 OOH = 60%

fx

MONTHLY HAND WASHING AUDIT FORM

	A	B	C	D	E	F	G	H	I	J
3	OPPORTUNITY	OBSERVER NAME:	OBSERVER ROLE:	DATE:	TIME:	STAFF GROUP (VS, VN, VNS, A, O)	KEY MOMENT (1-8)	OPPORTUNITY TAKEN	COMPLIANCE	REASON FOR NON-COMPLIANCE (A-J)
4										
5	1									
6	2									
7	3									
8	4									
9	5									
10	6									
11	7									
12	8									
13	9									
14	10									
15	11									
16	12									
17	13									
18	14									
19	15									
20	16									
21	17									
22	18									
23	19									
24	20									
25										
26	KEY MOMENT: 1 = before patient contact 2 = after patient contact 3 = before aseptic task 4 = after exposure to bodily fluids 5 = before exposure to immunocompromised/chemotherapy patient 6 = after contact with immunocompromised/chemotherapy patient 7 = before contact with patient surroundings 8 = after contact with patient surroundings					REASON FOR NON COMPLIANCE: A= no attempt made B= Jewellery/watces not removed prior to handwashing C= Sleeves worn/not rolled up prior to hndwashing D= Liquid soap applied before hands wet E= insufficient time spent on hand washing (<60 seconds) F= hand gel used when hands visibly soiled G= hands not washed after gloves removed H= contact with taps when hands washed I= contact with bin when hands washed				
27										
28										
29										
30										
31										
32										
33										
34										
35										