



ESTATES & FACILITIES HEALTHCARE TECHNOLOGY

IMPROVING CLINICAL DECISIONS, REDUCING HCAI AND BRINGING SIGNIFICANT COST SAVINGS

By Tracey Armitage · 29th October 2018 1453 0

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MORE FOR LESS

Infection Prevention & Control (IPC) teams are tasked with not only monitoring and managing infections but also with ensuring a safe clean environment, an educated workforce and best practice standards of care for improved patient outcomes. Although constantly hampered by an ongoing shortage of experienced IPC nurses and by pressures to reduce budget, they must provide increasingly more evidence of compliance with standards and act to increase staff involvement in the auditing and quality assurance of infection prevention practice.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST



Rosie, Sally and Diane comparing audit results in Killis Mill

In 2015, Sherwood Forest Hospitals were struggling with poor compliance with Infection prevention guidelines, inadequate staff involvement in infection prevention, high *Clostridium Difficile* acquisition rates and a diminished infection prevention team.

Sherwood Forest Hospitals appointed a new Nurse Consultant – Rosie Dixon and tasked her with reducing *C. Difficile* acquisition rates and improving IPC compliance. Rosie had trialled the Medical Audits system in her previous role and felt the technology would be a huge asset in Sherwood Forest Hospitals.

Working with Ann (Medical Audits), she and her team developed a business plan and presented it to board citing how the initial investment would be quickly offset by reduced Healthcare Associated Infections (HCAI) and increased capacity for audit, training and surveillance within the IPC team.

The board supported the business plan and the Medical Audits auditing and quality assurance system was soon implemented on all 3 sites in the Trust with the whole team actively auditing IPC practice by the end of the first day of implementation.

Over 1,000 observations of infection control practice were recorded in the first week alone and the momentum continued as the team embraced the technology and provided real time feedback to wards and departments for the first time.

MEDICAL AUDITS AUDITING AND QUALITY ASSURANCE SOFTWARE PLATFORM

Medical Audits software systems are designed and developed for mobile paperless healthcare auditing. Their systems all merge into one, whole organisation, quality assurance system with tracking of all issues identified at audit through to closure. Each audit includes step by step instructions for the auditor to ensure standardised audit processes and powerful training tools in one system.

SMARTER RESOURCE USAGE

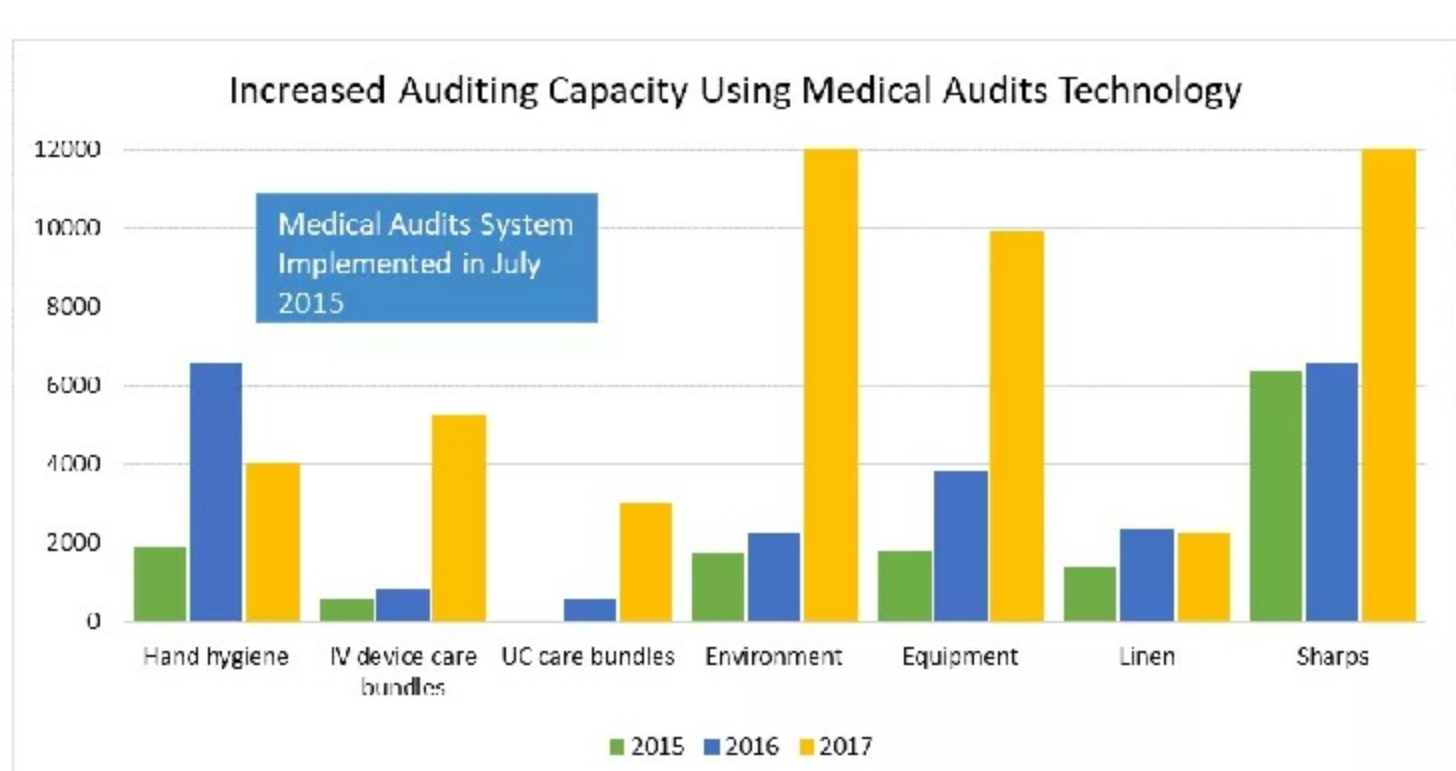
A shortage of IPCNs and the need to increase the time spent on clinical audit and staff training meant the IPCNs were unable to complete many non clinical audits (waste, sharps etc.) themselves. However, because the Medical Audits system has a comprehensive training and education system and auditing guide built into every audit, the team were able to utilise their support staff to carry out these non clinical audits, safe in the knowledge that they would be consistently auditing in the same way and to the same standard as the IPCNs would.

This smarter usage of resources freed the IPCNs up to increase their clinical hours and focus on management of Intravenous devices and Urinary catheters.



Rosie, Sally and Lauren analysing patterns and trends

TRIPLED AUDIT CAPACITY



Numbers of observations more than triple using Medical Audits Software systems

The Medical Audits system freed up time due to its faster more efficient way of auditing. The team also saved time by no longer having to re-enter audit data onto excel spreadsheets and no longer having to prepare and design reports. The time saved was then used to complete extra audits and more detailed prevalence studies.

As an example, prevalence audits of Invasive devices across 3 sites took 3 days and 3 IPCNs in 2015. In 2016, using the Medical Audits software, this took 2 IPCNs just 4 hours.

The team reported a tripling of their audit capacity, with an increased auditing of the environment, equipment, sharps and the commencement of auditing of intravascular device management and Urinary catheter management.

INDIVIDUAL STAFF ACCOUNTABILITY AND OWNERSHIP OF AUDIT DATA

As staff became accustomed to getting real time results, their interest in the audits increased. The photos embedded in reports provided proof of areas requiring improvement and were a powerful tool in changing the reaction of staff to audit results.

With the support of the Medical Audits clinical team, each department manager was trained to access the web based system to view, edit and close issues raised against their individual departments during audits. This promoted a sense of ownership of the audit data among ward staff and served to increase interaction with the IPC team and the audit process.

DEPARTMENTAL INFECTION PREVENTION CERTIFICATES FEED INTO TRUST ACCREDITATION

This gave Rosie and the team an idea... department Infection Prevention Certificates could be awarded to departments achieving more than 90% in all audited areas of IPC. They just needed the auditing technology to provide some additional data. Happy to help, Medical Audits' provided training for the new initiative, developing new functionality and new reports to facilitate implementation of ward accreditation with real-time dashboards and RAG charts to display each areas' compliance with the full range of IPC audits.

ANALYSING TRENDS TO MAKE BETTER CLINICAL DECISIONS

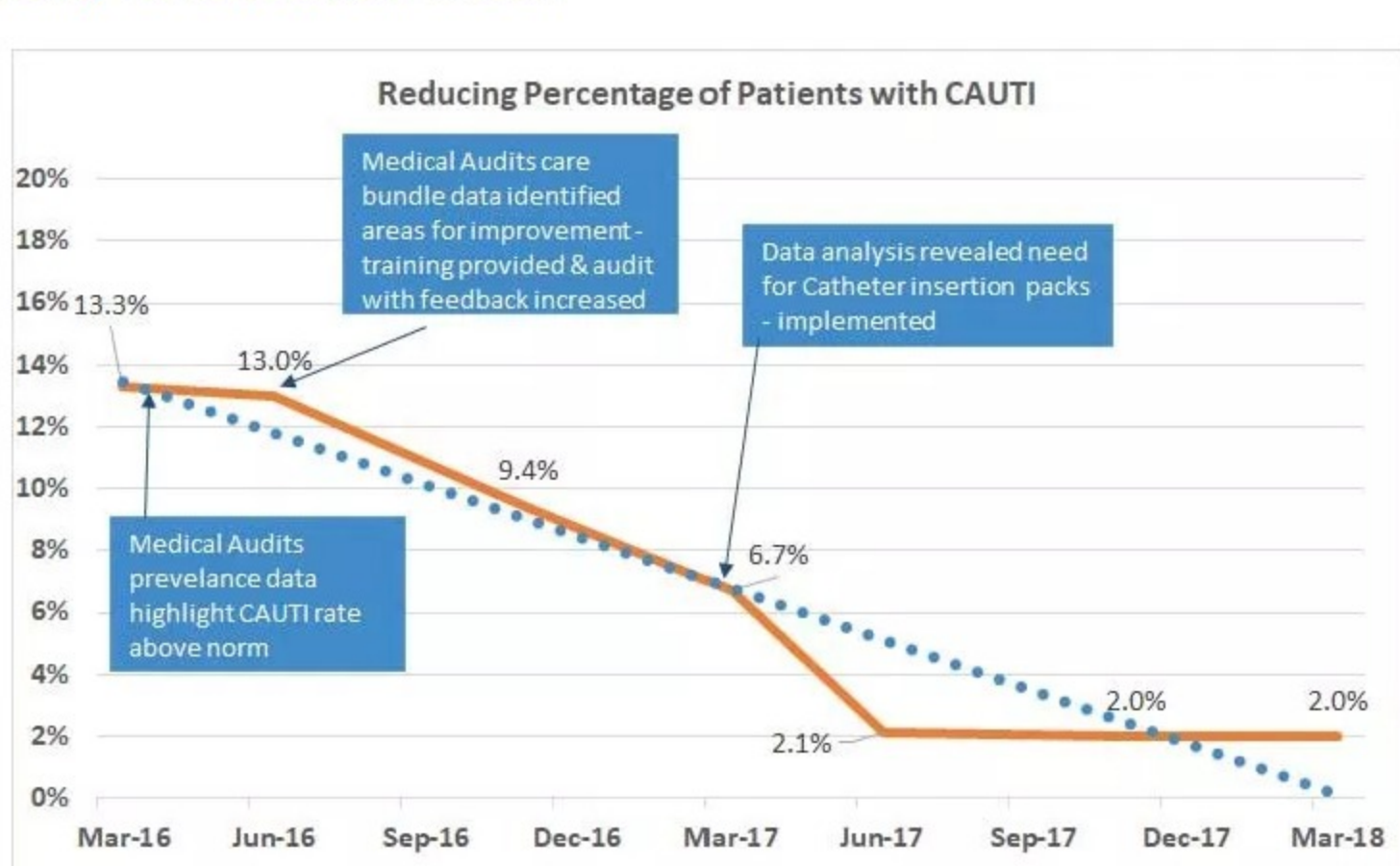
Medical Audits' trend analysis and quality audit data also provides the IPC team with more knowledge and understanding of compliance with hygiene standards. The team know, for example, the cleanliness of commodes, the hand hygiene compliance and the environmental hygiene for each month, for each ward.

This knowledge means they can cross-reference any new *C. Difficile* case against ward cleanliness, commode cleanliness and hand hygiene compliance rates and immediately identify a possible cause, or as is most often the case now, out-rule the environment as the source of the case.

When you are in a position to out-rule the environment, you can challenge Medical teams to look at other causes of *C. Difficile*, like antibiotic usage and use your audit data to drive improvements in care.

UTILISING AUDIT DATA FOR QUALITY IMPROVEMENT

Rates of CAUTI reduced by 63% between 2016 and 2017



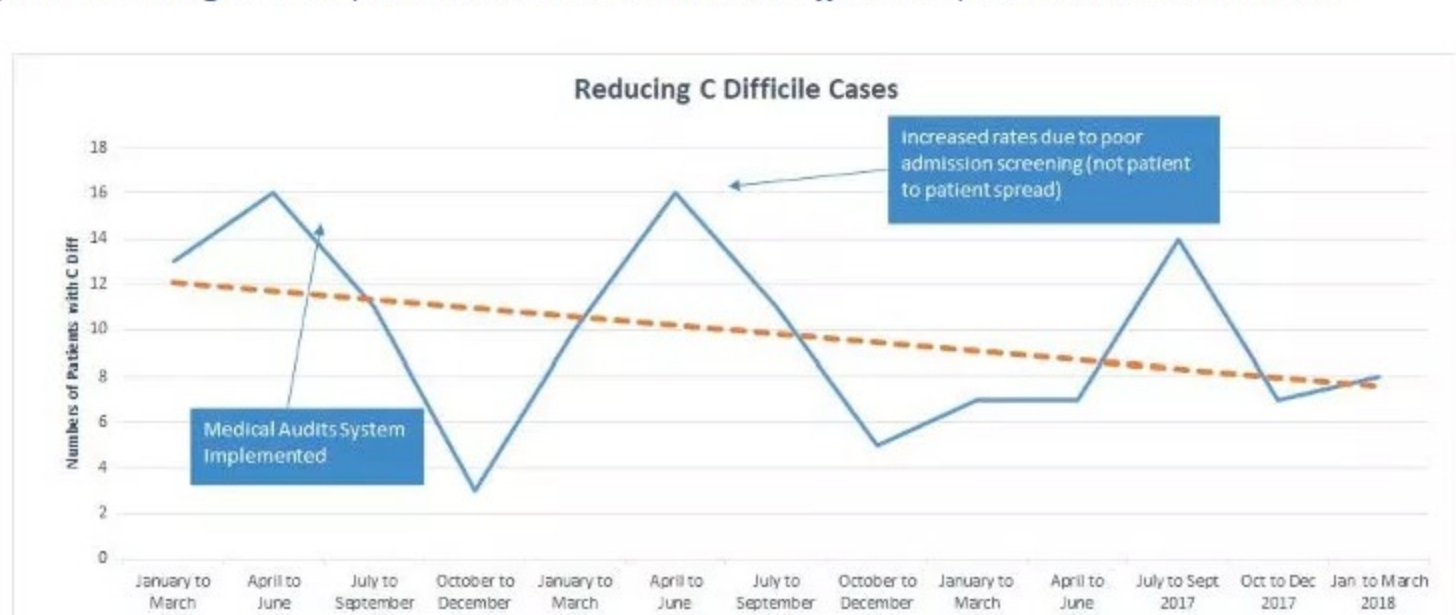
Rates of CAUTI drop from 13.3% to 2% using Medical Audits care bundles to identify areas for improvement

Analysing the data from the clinical audits, Sally (Lead IPCN) and the IPC team identified patterns and trends which they used to guide their Quality Improvement Strategy. A number of issues with urinary catheter care bundle compliance were identified which the

team targeted for education and practice change. These targeted changes, identified by audit, quickly improved practice and catheter associated urinary tract infection (CAUTI) rates fell.

RATES OF NOSOCOMIAL C DIFFICILE MORE THAN HALVED IN 3 YEARS

Improvements in the cleanliness of equipment spurred on by the detailed audit data and photos, in conjunction with the increasing compliance with IPC protocols, began to impact on rates of *Clostridium Difficile* acquisition within the trust.



Clostridium Difficile acquisition rates halved since implementation of Medical Audits Software systems

Numbers of Trust apportioned *C. Difficile* dropped from 67 (2014/2015) to 45 (2015/2016) to 28 (2016/2017). The rates for 2017/2018 were hampered by an increase in the second quarter but quick intervention from the IPC team soon brought an end to the outbreak and rates reduced to those seen in 2016/2017.

The trust has seen a sustained decrease of more than 50% in hospital attributable (Nosocomial) *Clostridium Difficile* since implementation of the Medical Audits System.

SAFE CARE AND BETTER OUTCOMES FOR PATIENTS

Of course reduced infection rates means safer care and better outcomes for patients.

Over the three years since implementation of the Medical Audits auditing and QA software, 90 less patients acquired *C. Difficile* and 36 less patients acquired a Catheter Associated Urinary tract Infection (CAUTI).

HUGE COST SAVINGS FOR THE TRUST

The significant reduction in numbers of patients acquiring healthcare associated infections (HCAI) has led to significant cost savings for the Trust.

Using National Institute for Care Excellence attributable costs of healthcare associated infections (NICE, 2015) the cost savings to the Trust over the same time period of 3 years was over £900,000.

CONCLUSION

Utilising the Medical Audits auditing and quality assurance systems enabled IPCNs to increase clinical audit and feedback.

Empowering staff with individual access to issues raised against their departments increased accountability. Together, these interventions reduced rates of HCAI and saved the trust over £900,000 in 3 years.

In an era of funding deficits, this is an example of how spending cleverly can generate real savings and importantly, improve patient outcomes.

For further information contact Rosie Dixon at Sherwood Forest Hospitals NHS FT or Ann Higgins ann@medicalaudits.co.uk or visit www.medicalaudits.co.uk.

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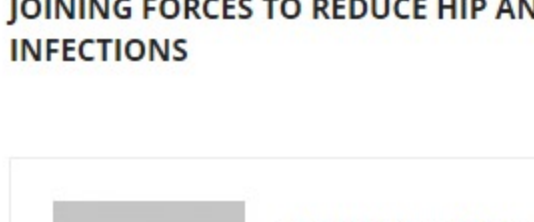
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