

Winterproof your Infection Prevention and Control (IPC) plan in 7 easy steps

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Is your Infection Prevention and Control (IPC) system fit for purpose? Rose McNeill at Perfect Ward shares her top tips for getting the most from Infection Prevention and Control audits this winter.

Infection Prevention & Control (IPC), a fundamental part of keeping patients safe, is now a topic on everyone's mind. With COVID-19, government ministers, scientists and healthcare experts grappled to find the most effective ways to manage the spread of infection. The need to conduct effective IPC audits became a top priority. More than anything, what the pandemic taught us was that the traditional regimented way of auditing was definitely not the most efficient way to drive improvements.

Time to re-set the IPC button

Auditing at the best of times is a time-consuming process. At Perfect Ward, we know from our own users that an average IPC audit involves 120 questions and takes a minimum of 45 - 90 minutes per month. Multiply that by the number of clinical and other areas being subjected to regular audits, and you can see that IPC can consume a huge amount of clinical time.

When healthcare professionals were stretched to the limit at the height of the pandemic, the IPC mindset had to change. COVID-19 helped many Perfect Ward customers recognise the need was to audit on the basis of 'what makes a difference now', and to audit where the real risks were. That holds good for audits at any time, not just in a global healthcare crisis.

Don't take your foot off the brakes

Covid has not gone away, but as winter approaches, other common infections including C.Diff, MSRA, influenza and norovirus, are on their way back. Now is a valuable opportunity to winterproof your IPC plan.

Here's how to health check your IPC audits:

1. Don't duplicate checks - almost a quarter of all questions asked on a typical IPC audit are around cleanliness/tidiness or the location of inappropriate items. These questions are often covered in audits undertaken by other departments, including the national cleaning standards audits, and health and safety audits, not to mention general quality walkabouts. Save time and use those instead.

2. Focus on the questions that really matter - it can be reassuring to have a tick list of questions against every topic, but who has the time for that? Instead focus on specific areas of concern. Include things staff need to keep an eye on or areas where the team can make a significant impact on patient care.

3. Validate audit questions with staff - there is an art to choosing which questions to ask and which questions to leave out of an audit. Following these steps:

- Involve staff at all levels, especially the front line. Tap into their experience-led intuition for just knowing when things are right. Keeping staff motivated and engaged with audits is also good for

morale.

-Continually test and refine audits – check out how long they take to do in practice, or whether the questions need to be asked so frequently. If there is no possibility to address any issues before the next audit date, review the frequency.

4. Keep questions relevant and up-to-date - review questions at least annually. New guidance is always being produced, meaning the key focal areas may also change. Challenge questions to check that they are still relevant when guidance changes. Also, with new staff in roles, take the opportunity to engage with clinicians who can bring a fresh pair of eyes.

1. Avoid audit fatigue - if the same questions are continually asked every week or even every month, staff will lose the motivation to audit well. A great audit is valued by staff as it is an essential tool to help them focus on what is important, so if compliance drops, it might be time to check in with staff to understand why this is not prioritised.

2. Get your governance right - consider asking 'what would the CQC say if we change our audit questions and process?'. Fully risk-assess your organisation's decision-making and have robust governance in place for agreeing those decisions. That way, it will be easier to demonstrate that any decisions made were the right ones for patients and for staff.

3. Use the power of data to turn the good into truly transformational – we all saw how data and automation really came into their own during the pandemic. The latest digital quality improvement and safety solutions make light work of IPC auditing while giving senior managers the hard evidence they need to monitor and drive continual improvements to patient safety. Make the most of them to turn good auditing into truly transformational auditing.

For more ideas and inspiration, read Perfect Ward's recent blog – 7 Effective Ways to Transform your IPC Strategy – or visit Perfect Ward (<http://www.perfectward.com>)

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About Perfect Ward

At Perfect Ward, we apply the best technology to solve one of health and social care's most important challenges – how to develop a programme of continuous quality improvement and assurance.

Our aim is to bring the mobile user experience, that people love, to an industry that still relies heavily on manual processes. We started with an app that allows clinicians to do their quality inspections, previously done on paper and using cumbersome spreadsheets, to crunch data. Perfect Ward frees up time to care. Customers include King's College Hospital, Bart's Health, Nottingham University Hospital, South London and Maudsley, Royal Marsden, Cardiff and Vale University Health Board and other leading health and social care organisations in the UK, Australia, New Zealand and South Africa.

To discover more visit Perfect Ward (<http://www.perfectward.com>)

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