Advertisement

OR at a Glance for Infection Preventionists: Audits in the OR

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Types of Audits in Perioperative Spaces

Auditing bundle adherence and hand hygiene are common practices for infection preventionists (IP). Traditionally, IPs will audit central line and urinary catheter bundle compliance to ensure evidence-based practices are being followed and ultimately preventing central line associated bloodstream infections and catheter associated urinary tract infections. Those audits are very specific, to prevent specific infections.

However, there are many different areas of focus for an infection preventionist to audit in the OR. Audits may include:

- Skin preparation
  - Patient completes preoperative bathing per instructions
  - Surgical skin preparation applied per manufacturer's instructions
  - Skin preparation area is allowed to dry prior to draping
- Surgical hand antisepsis
  - Surgical attire and mask worn during hand scrub
  - Time and procedure of hand scrub used per manufacturer's instructions
  - Hands and arms held up and allowed to dry prior to the donning of gown and gloves
- Sterile technique
  - Sterile field is prepared close to the time of surgery
  - Sterile items are presented to scrubbed personnel or placed securely on a sterile field
  - Instrument tray filters or wraps and sterilization indicators are checked before placing instruments on the sterile field
  - Surgical drapes are placed without contamination
  - The number of times the door opens after the sterile instruments and/or incision are opened is limited

    - Sterility is maintained throughout the surgery
    - Minimal staff members are present during the case
    - Surgical attire policy is followed
- Adherence to specific surgical site infection bundle practices
    - Colon surgery
        - Use of a wound protector
        - Change of gloves and gowns for closure
        - Use of a separate instrument tray for closure
    - Joint surgeries
        - Wound irrigation
        - Antimicrobial suture wound closure
- Medication administration
    - Antibiotic given within an hour of the incision
    - Appropriate antibiotic given per protocol and dosage
    - Single medications prepared according to instructions for use
    - Infusion supplies are used for one patient only
- End of case practices
    - Pretreatment product is applied to surgical instrument pretreatment product per protocol
    - All high-touch surfaces, medical equipment and positioning devices are cleaned after the case
    - Scrubbed staff perform hand hygiene after removing gloves



Why are audits important?

There are many reasons an IP may audit in the OR, including:

- There may be an increase in SSI in specific surgery type and IPs need to evaluate to determine if the sterile field is being maintained and if contamination is occurring.
- A new SSI prevention bundle may be implemented, and an IP needs to observe if and how it is affecting the workflow in the OR.
- There may be an increase in superficial SSIs and an IP may audit the skin preparation process to determine if best practice is being completed.
- Regulatory entities focusing on instrument point of use treatment and decontamination could lead IPs to audit for regulatory readiness.



How to develop an audit tool

Determining what to audit in the OR is important and, for less experienced IPs, an audit tool needs to be developed to have a visual cue for observable actions. An audit tool allows the IP to understand what they are focusing on while observing cases. ORs are highly complex environments and if IPs do not have an audit tool, they may get distracted throughout the case and miss their target items. Audit tools may be available through professional organizations like the Association for Professionals in Infection Control and Epidemiology (APIC), fellow IPs, consultants or third party vendors. The tool should identify the five to 10 items that need to be observed and have a way to mark them with yes or no, and should also include the

- date of procedure,
- type of procedure, and
- surgeon and surgical team.

Who does the audits?

The audits need to be completed by a select group of people who understand what they are looking for and why they are looking for it. If there are too many people collecting observations, variation may be introduced. If there are too few people, observations will take too long to collect. Additionally, the responsibility for auditing should not lie with just the infection prevention tea. There are many issues with this, including:

- Turning the IPs into "police" rather than partners in infection prevention.
- Ownership is placed on the IPs rather than the perioperative team who ultimately owns the practice at the bedside.
- The perioperative team would lack understanding of the importance of the data collection if they are not a part of it.

Partnering with the perioperative leadership and frontline staff helps increase ownership, accountability and understanding of the area of focus.

What is done with the audit data?

There needs to be an effective audit and feedback process so frontline staff members can be held

accountable. The process indicators shared with frontline staff need to be actionable and proximal to nursing care activities. Effective audit and feedback process include

- iterative and evaluative strategies,
- interactive assistance,
- adaptive interventions, and
- education and training.

Additionally, audit and feedback will improve frontline staff member performance if the team members understand the quality improvement opportunity or determine there will be an improved efficiency in workflow.

An example of effective audit and feedback

Audit and feedback have been shown to be particularly effective when applied to SSI prevention bundles. For example, a colon surgery SSI prevention bundle that involved patient tracking sheets for documenting each component of the bundle throughout the pre-operative, intraoperative and postoperative care demonstrated the benefits of audit and feedback. IPs compiled the tracking sheets and fed back the adherence to the bundle components to the pre-operative nurses, circulating nurses, surgeons, and postoperative nurses weekly. Adherence to the

bundle improved for the nursing components with the audit and feedback of the process metrics; however, a specific surgeon's practice only changed when elevated SSI rates coincided with lack of bundle adherence. This project demonstrated the benefits of audit and feedback, highlighted that different approaches are necessary for different people, and coupled audit data with outcome data to drive change.

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Guidelines

At A Glance

- Anesthesia
- Aseptic Technique
- Hand-Over Tools
- Instruments
- Medication
- OR for Infection Preventionists
- Positioning
- Procedures
- Room Setup
- Scrub Role
- Skin Prep

Vetted Links

- Procedures in Action
- A Glimpse into Infection Prevention
- An Inside Look at OR Efficiencies

Tools

FAQs

Specialties

- ASC Infection Prevention Policies and Procedures
- Resources for Cardiac Catheterization
- Resources for Endoscopy
- Guidelines and Tools for the Sterile Processing Team
- NAON Books
- ARIN Books
- Core Curriculum for the RNFA
- Perioperative Care of the COVID-19 Patient

Accreditation

- Joint Commission

Devices

- Equipment and Supplies Finder

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