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Evolution of an audit and monitoring tool into an Infection prevention and control process

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Figure 1 Interview Agenda version 9

Interview Guide for WS

Prior to the interview commencing, ensure that the interviewee is set at ease with general introductions and informal conversation. Information about the study should be revisited and a reminder of the information sheet and consent form provided. Inform the participant about the nature and content of the interview. Allow the interviewee time to ask any questions or clarify any other issues. Remind the interviewee that they can withdraw at any time.

Questions:

1. Talk me through caring for a patient with CDI – use this first broad based question and question 2 if more appropriate rather than asking about the AMT.

2. Can you tell me anything about the AMT from your perspective Prompts/areas to include:
Try to ascertain their opinion as to why they think the checklist process came about.
Benefits/constraints/concerns and overall thoughts on the AMT.

For Ward staff may need to discuss the process more than the form itself as may be variability in individuals who have seen the actual form used.

3. What has been the impact of the AMT in your opinion on the care and management of patients with CDI? Prompts/areas to include:

Knowledge base, Practice, Patient, Environment; Educational benefits if any, Relationship benefits or constraints.

Do you find the AMT useful? If so how and why?

4. Do you (or your staff if ward sister/manager) do anything differently since the AMT was brought in? Prompts areas to include:

May link with last question.

Check if now know coming to review, if that impacts on the care and management/ paperwork/ ensuring everything as it should be because of the review. Try to ascertain if this would happen as a consequence of knowing importance or just because of the review.

5. What is their expectation of the matron and the IPCPs? Prompts to include:

Do they action things more or see us as the ones to action.

Thoughts on the matron/IPCP hands on if come across things.

Role of the nurse/specialist role – how do they see

6. What are your thoughts on the AMT and the way in which it is delivered? Prompts may include:

Positive/informative or opposite.

Timing of review – does 'busyness' impact and if so how.

Supportive or opposite.

Impact on relationships between staff and IPCP and staff and matrons and matrons and IPCP.

Is it big brother, has anything changed or is it still big brother.

How is feedback given; is positive as well as negative feedback delivered.

Level of authority – is it seen as this and how does this impact.

7. Is there anything we could do differently in terms of the AMT? Prompts/areas to include:

Should we and if so how could we make it more useful?

Ask re using as learning tool more than a AMT?

How do you see the process/form progressing; would they change anything?

Would you be willing to or do you already or have you undertaken the review with the IPCP or could you suggest anyone else?

8. Is there anything else you want to discuss?

End of Interview Thank the participant and ensure there are no concerns/worries after completion of interview and inform them what happens next – refer them to the Information Guide.

Figure 2 Example of some of the main codes and sub codes

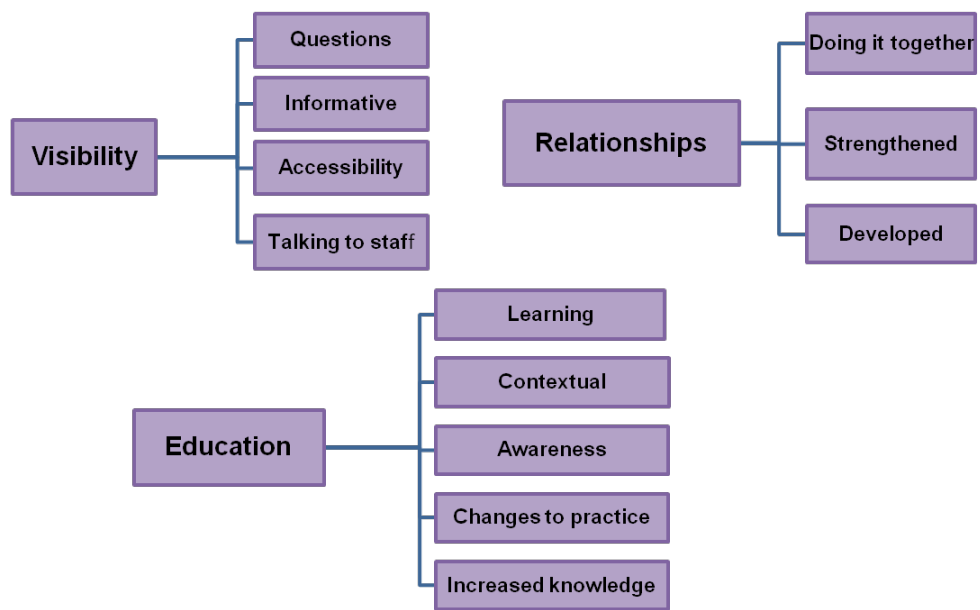


Figure 3. Feedback mechanism from the Audit and monitoring tool (AMT)

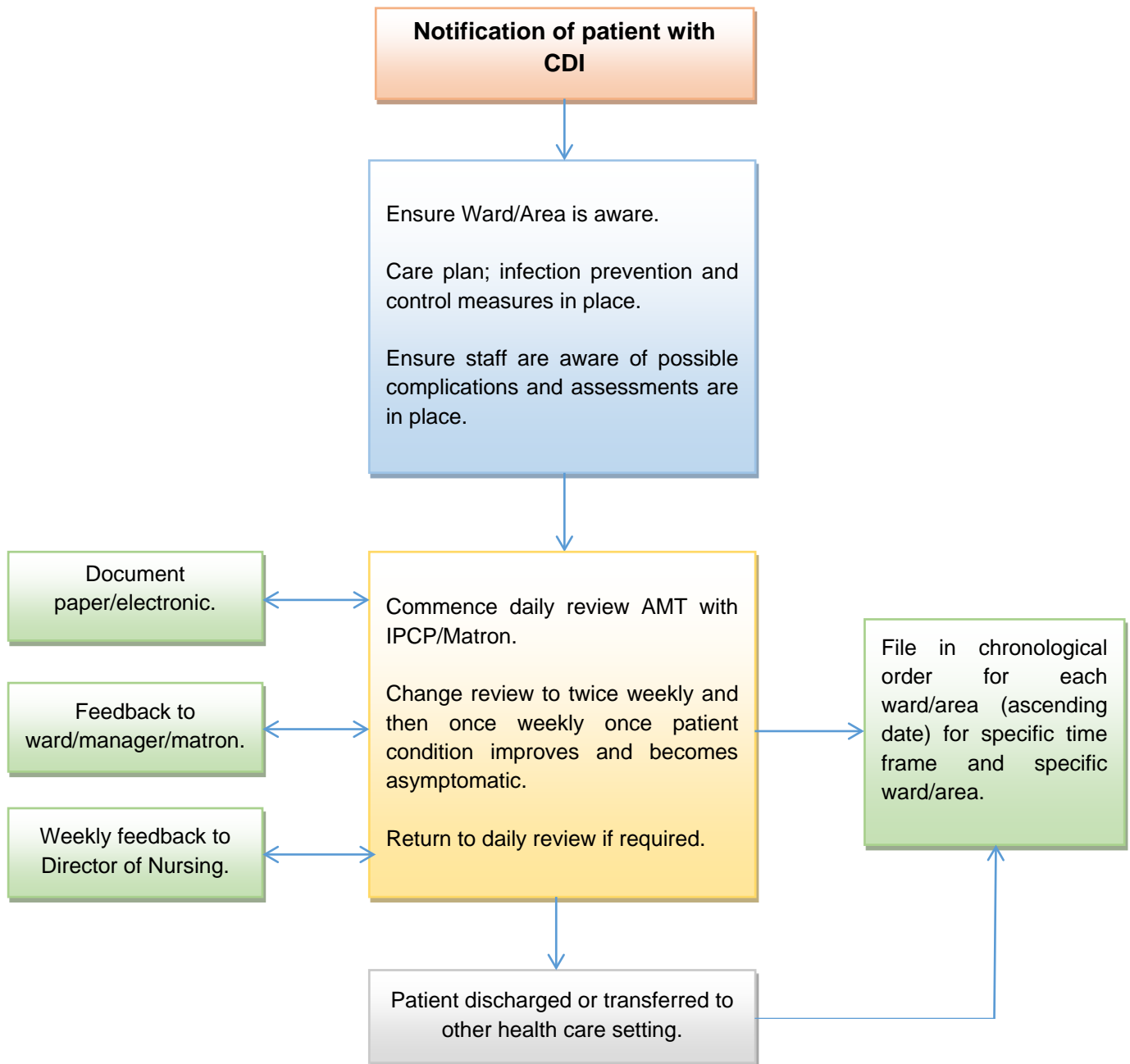


Table i: Audit and monitoring tool (AMT)

Clostridium difficile Daily check list.

This checklist should be completed by the Matron & IPCN on a daily basis.

WARD	DATE	COMPLETED BY		Comments or Actions taken
		YES	NO	
SLUICE				
All bedpan bases are clean and in good condition				
All commodes are clean – check underside, frame and foot rest.				
Apron and gloves are available				
Slipper pans are maceratable and not reusable				
Cleansing foam is single patient use (check cupboards/shelves for part used containers)				
STANDARD PRECAUTIONS				
Staff are washing hands with soap and water after contact with patient with diarrhoea.				
Patients are offered hand washing facilities or hand wipes after using toilet facilities or before meals				
Staff are wearing single use aprons and gloves when in contact with a patient and/or patient environment				
Staff decontaminate their hands prior to putting on PPE and with soap and water after removing PPE.				
All staff decontaminate their hands before and after any patient contact or different patient bed spaces.				
Clean linen stored in the linen store area only (not bathrooms/sluite/bays)				
Infected linen is disposed of correctly and is not left in the side rooms or bays.				
MANUAL HANDLING EQUIPMENT				
All manual handling equipment is single-patient use.				
CLEANING				
Tristel is being used at the correct dilution and is dated and timed (8 hour shelf life once made up)				
Side rooms are clean, free from dust/ spillages (check behind lockers, under beds and curtain rails)				
ISOLATION				
Patients with clostridium difficile are being nursed in the side room with the door closed and appropriate signage in place				
Used linen has been removed from the room				
PATIENT CARE				
Care plan and patient information leaflet provided				
Discuss with Nurse in Charge re. patients condition to include:				
Abdomen				
Temperature				
Nutritional status				
Pressure ulcer risk assessment				
Fluid balance				
Daily bed bath/hygiene care				
Daily bed linen change				
Stool chart – document type of stool				
Medication				

DRCP V 1