



'It's all about technique': Monitoring compliance with standardised aseptic technique practices at a large Australian health service

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Background: Performance of aseptic technique (AT) by clinicians is essential to reduce the risk of infections associated with medical devices and procedures. However, robust tools to enable regular AT auditing in Australian healthcare facilities are not widely available. The objective of this study was to evaluate, improve and standardise the practice and governance of AT.

Methods: Information gathered from focus groups indicated that knowledge of AT was sound but practices varied and were inconsistent with current guidelines. Gaps included lack of formal training, assessment, auditing and corrective feedback. A standardised electronic tool for auditing a range of invasive procedures across all clinical departments was developed and auditors were trained using a 'Train the Trainer' model. All auditors were validated and provided with the opportunity to attend a "How to give feedback" session that was facilitated by an external consultant. Performance feedback was given at the completion of every audit thereby engaging staff in a timely educational process. The role of project co-ordinator was supported by hospital Executive who funded a full-time position for 2 years.

Results: Baseline AT audits were conducted across all departments. Over 500 audits were conducted, with an overall compliance rate of 88%. Hospital AT guidelines were updated and an electronic audit tool was developed. Data was collated centrally, with reports generated for quarterly feedback to managers. Mandatory completion of an online learning package by clinicians performing invasive procedures was established. An annual audit target of 80% staff EFT audited was applied. Post-intervention auditing revealed a significant improvement with 97% compliance with AT criteria.

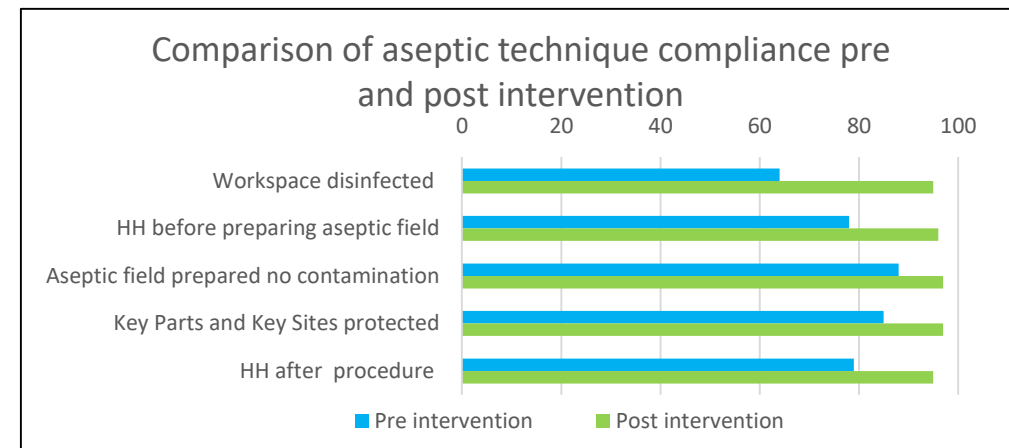
Management of environment	
1	<p>Procedure is performed in an optimal environment * must provide value</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><small>Contamination risks such as fans, nearby bed making, nearby comm use etc. are managed.</small></p>
Risk Assessment	
2	<p>Appropriate aseptic field is chosen for procedure and clinician skill level</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><small>Critical or General aseptic field</small></p>
Clean Between	
3	<p>If Critical aseptic field used, trolley is cleaned before use * must provide value</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><small>viraclean or alcohol</small></p>
Aseptic field management	
4	<p>Hand hygiene is performed before preparing aseptic field and equipment * must provide value</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><small>e.g. before opening dressing pack or syringe packet</small></p>
5	<p>Aseptic field is prepared immediately before use * must provide value</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><small>e.g. sterile equipment removed from packaging</small></p>
6	<p>Aseptic field is prepared without contamination * must provide value</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><small>If a Critical aseptic field is used, it must be treated as a key part (only coming into contact with other key parts or aseptic equipment)</small></p>
7	<p>Hand hygiene is performed before: -application of sterile gown and gloves or -immediately before procedure * must provide value</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
8	<p>Sterile gown is applied without contamination * must provide value</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

Aseptic technique audit tool (partial view)

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Discussion:

Among the challenges faced in implementing this project were the perceived lack of time and opportunity to audit, access to mobile devices for auditing, providing meaningful feedback and meeting the audit targets. Allocation of audit time must take into consideration that opportunities for auditing AT are not spread equally throughout the day. The audit tool was made available to download onto personal mobile devices for ease of access; this was well received by many users. Standardising the feedback was addressed by wording the audit tool in a way that could be used as feedback prompts. Many areas found the annual audit target of 80% difficult to achieve. As a result, the model may move to rationalising audits based on risk stratification of wards. Validation of auditors and refresher training to avoid 'auditor fade' will be ongoing.



Conclusions: Successful implementation of an organisation-wide program to enhance and improve AT was achieved using the Train the Trainer model, a standardised electronic audit tool, regular reporting, and the setting of internal targets.