Western Health - Emergency Departments Clinical Audit Schedule

Audit name	Description	Frequency	Sample size	January	February	March	April	May	June	July	August	September	October	November	December	Auditors
Management of indwelling invasive devices audits	Observational audit against compliance to the IP procedures for the management of : - CVCs - PIVC's - Urinary catheters - Percutaneous procedures Note:- Audits are only required for procedures performed in the area.	Quarterly	CVC's = 2 PIVC's = 5 IDC's = 2 Permacaths = 2													
Aseptic technique audits	Observational audit against compliance to the IP procedures for the insertion of :_ - CVCs - PIVC's - Urinary catheters - Wound Care - eg. Simple or complex dressing - Percutaneous procedures NB:- audits are only required for procedures performed in the area.	Quarterly	CVC's = 2 PIVC's = 5 IDC's = 2 Wound Care = 1 Percutaneous = 1													Clinical Area IP Link Nurse & Senior credentialed* nursing staff. *Credentialed in the procedure being audited.
Infection Prevention Practices & Point of Prevalence audit * Please note sections A to N can be performed and saved individually.	Infection Prevention Practices audit. (Sections A, B, C, D, E, F, H, I, K, L, M)	Annual	1													IP Team accompanied by NUM, OH&S, HSS and DON.
	Standard Precautions, PPE & Transmission Based Precautions known as Additional Precautions (Section G, J of Infection Prevention & Point of Prevalence audit).	Quarterly	1													Clinical Area Link Nurse & Senior nursing staff.
	Sterile Stock/Clean Utility & Medication Room. (Sections B)	Quarterly	1													Clinical Area Link Nurse & Senior nursing staff.
	Preadmission Infectious Diseases Screening Tool (Section N of Infection Prevention & Point of Prevalence audit). Environmental Issues	Quarterly Point of Prevalence	Audit all patients on ward at time of point prevalence. *Note: Only audit one of either electronic or paper form.													Clinical Area Link Staff , Ward Clerks, IP team IP team
Hand Hygiene	Observational audit against compliance to hand hygiene based on the 5 moments for Hand Hygiene.	Audit Periods: 1 – Nov to March 2 – April to June 3 – July to October	Minimum of 100 moments per audit period * ICU's and a high risk ward (rotation) 350 moments/audit period.	100	100	100	100	100	100	100	100	100	100	100	100	Clinical Area IP Link Staff (Accredited auditors) Infection Prevention Team
Surgical Scrub	Observational audit against compliance to Surgical scrub procedure	Six Monthly						5						5		Clinical Area IP Link Nurse
Documentation Audit	Audit of paper based medical record	Monthly	20 per month	20	20	20	20	20	20	20	20	20	20	20	20	Clinical Nurse Specialiast
ISBAR Audit	Observational audit of telephone handover agianst compliance of ISBAR	Monthly	10 per month	10	10	10	10	10	10	10	10	10	10	10	10	NUM/CNS
BOC Audit	Audit of paper based medical record	Monthly	10 per month	10	10	10	10	10	10	10	10	10	10	10	10	NUM/CNS
Patient Idenitification Audit	Point of care audit	Mothly	10 per month	10	10	10	10	10	10	10	10	10	10	10	10	NUM/CNS
Deteriorating Patient Audit	Audit of paper based medical record	Monthly	10 per month	10	10	10	10	10	10	10	10	10	10	10	10	NUM/CNS
Infectious Disease Risk Screening	Point of care audit	Monthly	10 per month	10	10	10	10	10	10	10	10	10	10	10	10	Clinical Area Link Nurse & Senior nursing staff.
Comprehensive Care Audit	Audit of paper based medical record	Monthly	10 per month	10	10	10	10	10	10	10	10	10	10	10	10	NUM/CNS
Cleaning/Equipment Audit	Observation audit	Monthly	10 per month	10	10	10	10	10	10	10	10	10	10	10	10	NUM/CNS