

**CARE BUNDLE, AUDIT & CHECKLIST**

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**CLINICAL AUDIT**

Clinical effectiveness involves a number of processes, but primary among these are:

1. The development or adaptation and use of **clinical guidelines** to support evidence-based practice; and
2. The use of **clinical audit** to improve service user care and outcomes

**Clinical guidelines** are systematically developed statements, based on a thorough evaluation of the evidence, to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances, across the entire clinical spectrum. (Adapted from Field and Lohr (1992))

The term **'Clinical audit'** is used to describe a process of assessing clinical practice against standards. The Commission on Patient Safety and Quality Assurance (2008, p.152) defined clinical audit as:

'a clinically led, quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and to act to improve care when standards are not met.'

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**WHY WE AUDIT**

Clinical audit offers a way to assess and improve patient care, to uphold professional standards and 'do the right thing'.

Through clinical audit, healthcare staff may identify and measure areas of risk within their service.

Regular audit activity helps to create a culture of quality improvement in the clinical setting.

Clinical audit is educational for the participants. It involves being up to date with evidence based practice.

It is increasingly seen as an essential component of professional practice.

It will improve the quality and effectiveness of healthcare.

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## VERIFYING YOUR AUDIT TOOL

- Use an evidence based audit tool (do not reinvent the wheel)
- Gather together your auditors
- Carry out the same audit using the same audit tool at the same time
- Compare your results

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## CHECKLIST

A checklist is a type of job aid used to reduce **failure**, by compensating for potential limits of human **memory** and **attention**.

It helps to ensure consistency and completeness in carrying out a task.

A basic example is the "to do list".

A more advanced checklist would be a **schedule** which lays out tasks to be done according to time of day or other factors.

A primary task in checklist is documentation of the task and auditing against the documentation

Aviation checklists

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EQUIPMENT CLEANING CHECKLIST					
High Risk Area					
EQUIPMENT	MINIMUM FREQUENCY	PERSON RESPONSIBLE	HOW TO CLEAN	SIGNATURE FOR WEEKLY ORP CLEAN	DATE
BP MONITORS	1 Full Clean Daily and between patient use. Deep clean weekly	Ward Staff	Clean with Disinfectant wipe daily, Hypochlorite solution 1000ppm weekly		
ECG MACHINES	1 Full Clean Daily and between patient use. Deep clean weekly	Ward Staff	Clean with Disinfectant wipe daily, Hypochlorite solution 1000ppm weekly		
WEIGHING SCALES/ BLADDER SCANNER	1 Full Clean Daily and between patient use. Deep clean weekly	Ward Staff	Clean with Disinfectant wipe daily, Hypochlorite solution 1000ppm weekly		
LINEN TROLLEYS	1 Full Clean Daily and between patient use. Deep clean weekly	Ward Staff	Clean with Disinfectant wipe daily, Hypochlorite solution 1000ppm weekly		
FRIDGE	Deep clean weekly	Ward Staff	Clean as per Manufacturers instructions. Rinse thoroughly		
PHYSIO EQUIPMENT	1 Full Clean Daily and between patient use. Deep clean weekly	Physio Staff	Clean with Disinfectant wipe daily, Hypochlorite solution 1000ppm weekly		
DWP STANDS	1 Full Clean Daily and between patient use. Deep clean weekly	Ward Staff	Clean with Disinfectant wipe daily, Hypochlorite solution 1000ppm weekly		
COMMOBILES CLINICAL TROLLEYS (DRESSING TROLLEYS etc)	1 Full Clean Daily and between patient use. Deep clean weekly	Ward Staff	Clean with Disinfectant wipe daily using 5000ppm Hypochlorite solution 1000ppm weekly		
HOIST	Deep clean weekly	Ward Staff	Clean with Disinfectant wipe daily, Hypochlorite solution 1000ppm weekly		

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## CARE BUNDLE

The National standards for the prevention and control of healthcare associated infection promote the use of Care bundles

A Care bundle is a collection of interventions (3-5) that are evidence based.

A structured process of applying a small, straight forward set of evidence-based practices — generally three to five.

It has the appearance of a checklist with specific elements that make it unique.

Well established best practices, performed uniformly, making treatment and patient outcomes reliable.

A care bundle aims to tie them together into a cohesive unit that must be adhered to for every patient, every time.

Care Bundle allows us to measure the % of care that is being managed as per best practice. Corrective actions can be put in place in response to the results

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### Peripheral Vascular Catheter (PVC) Care Bundle

*Aim: To Reduce the Incidence of Peripheral Vascular Cannula Related Infection.*

**Don't Put Them In.  
Get Them Out.  
Look After Them Properly.**

#### The PVC Bundle

1. Check the Clinical Indication why the Peripheral Vascular Catheter is in situ. Is it still in use and required?
2. Remove the Peripheral Vascular Catheter where there is redness, inflammation or pain.
3. Check the Peripheral Vascular Catheter dressing is intact. (Use Chlorhexidine gluconate 2% & Alcohol to cleanse)
4. Check there is a record the Peripheral Vascular Catheter insertion site has been visually inspected at least twice daily (on every shift) for evidence of complications (VIP score).
5. Has Hand Hygiene been performed before and after all Peripheral Vascular Catheter maintenance/access procedures?

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### Central Vascular Catheter (CVC) Care Bundle

*Aim: To Reduce the Incidence of Central Vascular Cannula Related Infection.*

**Don't Put Them In.  
Get Them Out.  
Look After Them Properly.**

#### The CVC Bundle

1. Check the clinical indication why the Central Vascular Catheter is in situ. Is it still in use and required?
2. Is the Central Vascular Catheter dressing intact?
3. Has Central Vascular Catheter Hub Decontamination been performed before each hub access? (Chlorhexidine Gluconate 2% & Alcohol)
4. Has Chlorhexidine Gluconate 2% & Alcohol been used for cleaning the Insertion Site during dressing changes? (Chlorprep)
5. Has Hand Hygiene been performed before and after all Central Vascular Catheter maintenance/access procedures?

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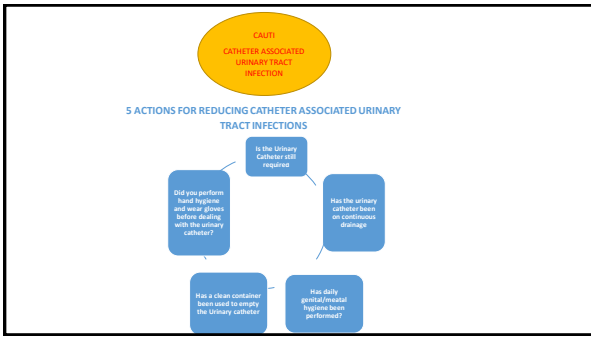
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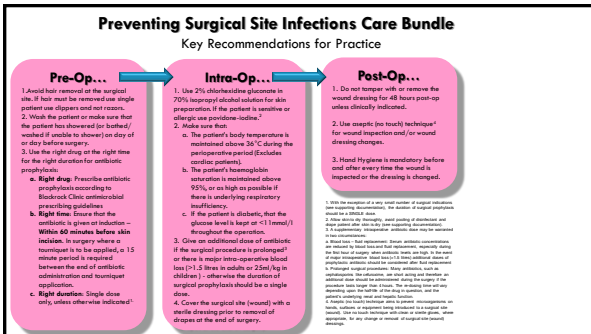
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**CARE BUNDLES INTRODUCTION**

PVC  
 CVC  
 UC  
 SSI  
 C difficile  
 Antimicrobial

<http://www.ihl.org/resources/Pages/IHWhitePapers/UsingCareBundles.aspx>

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## INTRODUCING CARE BUNDLES

- Introduce care bundle posters
- Documentation of bundles in care pathway or elsewhere
- Educate ward managers and nurse specialists initially. These are the drivers!
- Carry out education to all other staff
- Introduce care bundle audit tool (verify your audit tool with all auditors)
- Provide an audit calendar to schedule audits
- Reminder emails when audit is due
- Feedback compliance report for each ward

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## INTERACTIVE PIECE

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Ward:	Date:		Name of person performing the bundle audit:			
Observation number/ Room Number	The peripheral vascular catheter is still in use?	Absence of pain, redness, inflammation and/or extravasation?	The peripheral vascular catheter dressing is intact?	There is a record that the insertion site has been assessed twice daily?	The peripheral catheter is in for less than 72hrs?	What was done
1 (Circle correct answer)	Yes Continue bundle  No Remove catheter	Yes Continue bundle  No Remove catheter	Yes Continue bundle  No Replace dressing or Remove catheter	Yes Continue bundle  No	Yes Continue bundle  No Remove catheter	Peripheral vascular catheter left in situ  Peripheral vascular catheter removed

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### OBSERVATION 1/ ROOM 101

- PVC in use
- No redness present- VIP score?
- Dressing intact
- PVC care documented
- Date of insertion within 72hrs

- Leave insitu
- Or
- Remove



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### OBSERVATION 2/ ROOM 102

- PVC in use
- Redness present- VIP score?
- Dressing intact
- PVC documented
- PVC inserted within the last 72hrs

- Leave insitu
- Or
- Remove



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### OBSERVATION 3/ROOM 103

- PVC in use
- Redness and swelling present- VIP score?
- Incorrect dressing insitu
- PVC documented
- PVC inserted within the last 72 hours

- Leave insitu
- Or
- Remove



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### OBSERVATION 4/ ROOM 104

PVC in use  
No redness present- VIP score  
Dressing intact  
PVC documented  
PVC inserted 96 hours ago



Leave insitu  
Or  
Remove

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### OBSERVATION 5/ROOM 105

PVC not in use  
Unable to visualise surrounding skin- VIP score  
Incorrect dressing insitu  
PVC documented  
PVC inserted within the last 72hrs



Leave insitu  
Or  
Remove

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### OBSERVATION 6/ROOM 106

PVC in use  
No redness present- VIP score  
Dressing not intact  
PVC documented  
PVC inserted within the last 72hrs



Leave insitu  
Or  
Remove

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### OBSERVATION 7/ ROOM 107

- PVC not in use
- No redness present-VIP score
- Dressing intact
- PVC documented
- PVC inserted within the last 72hrs



- Leave insitu
- Or
- Remove

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### OBSERVATION 8/ROOM 108

- PVC in use
- No redness present- VIP score
- Dressing intact
- PVC care not documented
- PVC inserted within the last 72hrs



- Leave insitu
- Or
- Remove

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### CARE BUNDLE COMPLIANCE ON WARD.....

COMPLIANCE WITH PVC CARE BUNDLE													
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
<b>CURRENT VALUE</b>													
Target: To achieve 100% compliance with PVC care bundle	0%	100%	90%	98%	98%	98%	100%	100%					85%
	Target for 2014 = 100%						Monthly: Red > 85%, Amber = 85-95%, Green < 95%						
COMPLIANCE WITH VAP CARE BUNDLE ICU													
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
<b>CURRENT VALUE</b>													
Target: To achieve 100% compliance with VAP care bundle	100%	100%	100%	100%	100%	100%	100%	100%					100%

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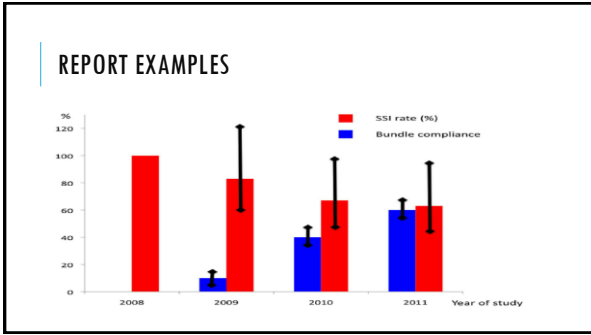
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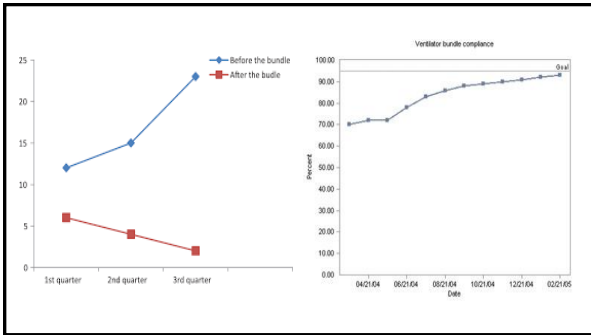
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### TAKE HOME MESSAGE

Measure patient safety using evidence based practice

**A Good Auditor Never Makes Mistrakes.**

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