

EXTERNAL AUDIT AT THE DIALYSIS CENTRE

Karolína Nečesaná, Lucie Pařilová | B. Braun Avitum | Ivančice | Czech Republic

INTRODUCTION

Audits performed by accreditation or certification bodies tend to be unpopular among health professionals. The reason is surely related to the general tension before such an audit, as nobody likes to be supervised during their work. However, for the further improvement of health care services, such quality assessments and clinical practice checks are crucial. Healthcare facilities and patients can benefit from quality audits, as the received accreditation or certification confirm the effectiveness of the quality management system as well as the quality and safety of the provided treatments and care.



AIM

The subject of this poster is to describe the role of the Quality Coordinator on the dialysis centre level and present our approach towards the audit of clinical care.

METHODS

DC QUALITY COORDINATOR

In the framework of further improving good dialysis practice as well as the advanced development of the quality management system, we introduced the Quality Coordinator as a dialysis centre post in 2006. The DC Quality Coordinator may be an experienced dialysis nurse interested in a quality management system. The following tasks are part of the Job Description:

- implementation of new requirements and documents into clinical practice; as the person responsible for fulfilling the defined requirements, they should be informed first
- responsibility for the continuous monitoring of compliance with nursing, medical, technical, and other standards
- responsible for good documentation practice and archiving procedures
- preparation for audits, active cooperation during the audit's execution, and follow up
- reporting the results of their work into internal databases, cooperation with the HQ team

DC Quality Coordinators are trained every two years and meetings are focused on changes in ISO standards, the presentation of audit results from our dialysis centres in the Czech Republic and Slovakia, a joint dialogue on various topics from clinical practice, recommended solutions, efforts to find different approaches, and efforts to harmonise them.

EXECUTION OF INTERNAL AND EXTERNAL AUDITS

System and focus audits on clinical care are executed every year at each dialysis centre. The completeness and accuracy of medical and nursing records, quality of nursing procedures and care, medical KPIs, and compliance with the defined standards are evaluated by expert auditors. Findings and recommendations are summarised in audit report and dialysis centre personnel should ensure that corrective measures are defined in the shortest possible time. External audits take place once a year at selected dialysis centres. Since 2006, our certification body has been TÜV SÜD Product Service GmbH.

HAND HYGIENE AUDITS

Hand Hygiene Audit												
Date:	Auditor:											
Opportunity	Nurses		Doctors		HCA		Housekeeping		Admin		Other	
	Hygiene	Opportunity	Hygiene	Opportunity	Hygiene	Opportunity	Hygiene	Opportunity	Hygiene	Opportunity	Hygiene	
o	H	o	H	o	X	o	X	o	H	o	H	
o	H	o	X	o	H	o	H	o	X	o	X	
o	X	o	H	o	X	o	X	o	X	o	X	
o	H	o	H	o	H	o	H	o	H	o	H	
o	H	o	H	o	H	o	X					
o	H			o	H							
o	H			o	H							
o	H			o	H							
o	H			o	H							
o	H			o	H							
o	H			o	H							
o	H			o	H							
o	X											
Totals	12	10	5	4	11	9	5	2	3	1	3	1

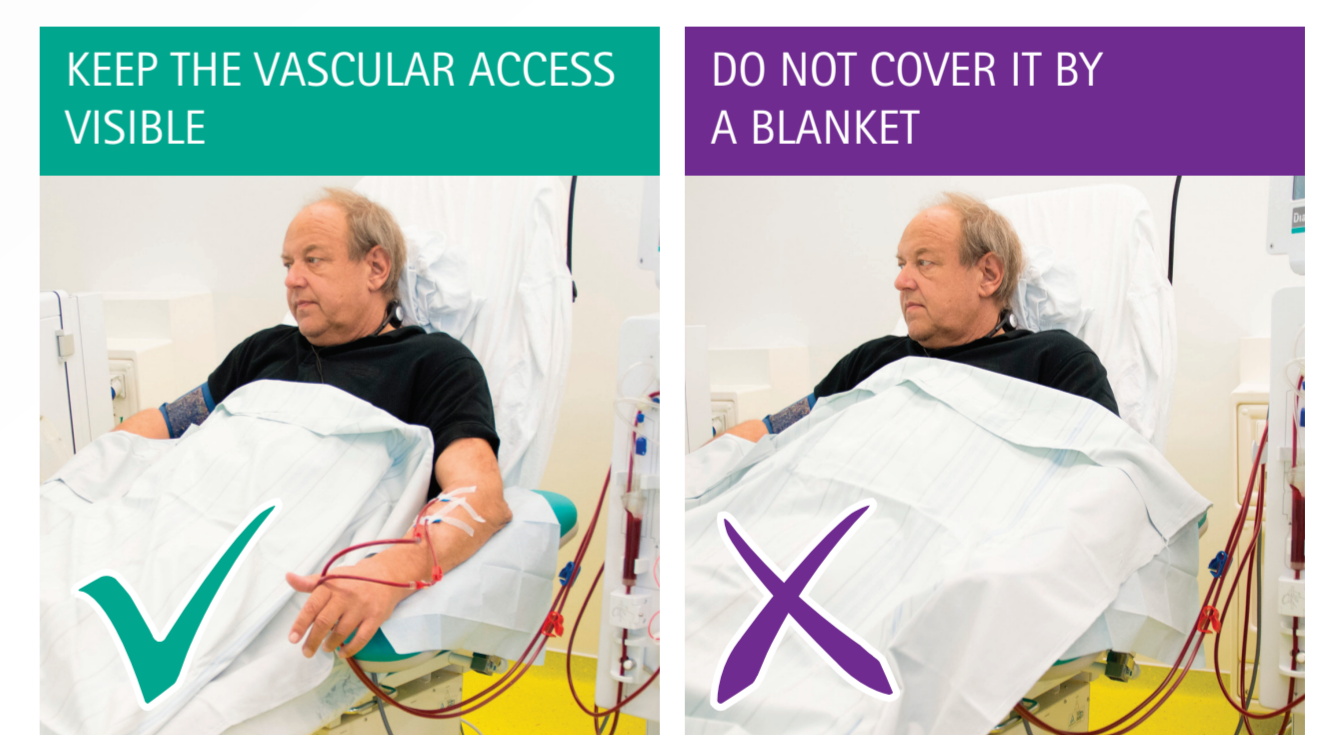
Hand Hygiene Compliance by Staff Group (%)						
Overall	Nurses	Doctors	HCA	Housekeeping	Admin	Other
69	83	80	82	40	33	33
Comments/Actions Undertaken - Summary						
Further training required - planned for July 2015						

Hand hygiene audits are performed once a month by the Coordinator of Nursing Care for hygiene and disinfection at the dialysis centre. The results are electronically reported to our HQ team. The Coordinator monitors the proper washing and disinfection of the hands of patients and health care personnel and educates new patients about the importance of adherence to hygienic principles. Hand disinfection should be done by all persons before entering the dialysis room, i.e. transport company staff, patient visits, external healthcare personnel, external workers (e.g. service technicians) and before wearing single-use protective clothing. If someone does not follow these policies, the Coordinator should train the person again and record the event in the electronic document and execute a re-audit of hand hygiene within one week.

AUDIT FOCUSING ON THE PREVENTION OF VENOUS NEEDLE DISLODGE (VND)

These audits were introduced in response to an increased number of literature reports concerning this incidence, as venous needle dislodgement is undesirable and endangers patient safety. The VND audit focuses on managing the patient's vascular access during each dialysis treatment. The document summarises some practical recommendations and techniques to prevent venous needle dislodgement, because it is important to reduce the incidence of the event to a minimum. The VND audit is done by the Vascular Access Coordinator once per year and the results are reported to our HQ team. The patient's Primary Nurse assesses the risk of venous needle dislodgement (failure of the health care personnel, psychological condition and risk behaviour of the patient, fixation failure). The number of records in the electronic system is given by the number of points – a higher score means a higher risk of VND. If the patient has minimal risk of a VND event, he/she will have another check after six months. If the patient has high risk of VND incidence, the nurse will perform an audit after one month. During every shift the nurse should evaluate the risk of VND for all patients preventively; even in a patient with a low risk of VND incident, vascular access should be monitored regularly.

- visibility of the vascular access; the patient should not have the vascular access covered by a blanket, sleeve, etc.
- needle fixation should be done with the use of tapes, fixing sets to the patient's clothing with a tape or pean
- location of the dialysis machine on the side of the vascular access, sufficient length of bloodlines
- easy access of the patient to his/her personal belongings
- assessment of the mental status of the patient, his/her education in the areas of prevention of incidence of VND
- patients with a cognitive impairment should be placed closer to health care personnel
- the presence of an educational poster in the dialysis centre



RESULTS AND WHAT WE EXPECT FROM THE AUDITS

- minimal number of findings
- qualified personnel capable of orienting themselves in other settings using the same nursing care procedures and standards
- high-quality care is the matter of course
- minimal incidence of adverse events

CONCLUSION

The result of our procedures is the high quality of patient care at our dialysis centres, which can be documented by the low number of findings from internal and external audits. Great emphasis is placed on preventing the incidence of adverse events, as well as on the education of patients and health professionals. The best proof of the correctness of our standards and practice is fact that we have fulfilled the requirements for obtaining the ISO 9001:2008, ISO 14001:2004, and IEC/TR 62653:2012 Good Dialysis Practices certificates issued by TÜV SÜD Product Service GmbH.