

The Infection Prevention and Control Program Audit Tool (PAT[®]) & Auditor Workbook

An IPAC program audit to be used in conjunction with
the IPAC Program Standard



April 2017

The Infection Prevention and Control (IPAC) Program Audit Tool (PAT[©]) & Auditor Workbook

*A Workbook for Auditing
the Infection Prevention and
Control (IPAC) Program Standard*

**by the
IPAC Canada Working Group
for the
IPAC Program Standard
and
IPAC Program Audit Tool (PAT[©])**

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Table of Contents

- Table of Contents.....3**
- 1. Introduction4**
- 2. A Summary of the Auditing Process.....4**
- 3. Instructions for using the PAT® Auditor Workbook5**
 - Audit Procedure Overview..... 7
 - Document Review 7
 - Interviews..... 8
 - Observational Tour 9
 - Notes..... 10
 - Scoring..... 11
 - Procedure for Scoring the PAT..... 11
 - Written Reports 11
- 4. The IPAC Canada Program Audit Tool (PAT®) Workbook14**
 - 1.0 Culture of Infection Prevention and Control (IPAC) Safety in the Health Care Organization . 15
 - 2.0 Scope of the IPAC Program..... 29
 - 3.0 IPAC Program Foundational Framework 139
- Appendix A – Document List and Related Standards 195**
- Appendix B – A Practical Guide for Conducting Staff Interviews..... 200**
- Appendix C – Sample Forms and Action Plan..... 203**

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1. Introduction

The data derived from infection prevention and control (IPAC) program audits can be used to direct the IPAC program's annual goals and objectives. It will also assist in meeting the needs of the organization in relation to IPAC standards and safer health care practices. The infection control professional (ICP) who undertakes audits will act as a role model and change agent.

IPAC audits may be carried out for several reasons, including:

- When developing or revising the IPAC program/ organizational strategic plan;
- When developing IPAC protocols and procedures;
- Following outbreaks, critical incidents, disaster preparedness exercises, etc., to look for breaches and omissions in organizational practices;
- Following new builds or major renovations to existing builds; and
- In preparation for Accreditation.

IPAC Canada's *IPAC Program Audit Tool (PAT®)* is designed for internal IPAC audits (i.e., audit is carried out by individuals who work in the health care organization), to verify that the IPAC program standards are being met. The PAT® may also be used as part of an organization's ongoing quality improvement program and/or to prepare for external audits (audits carried out by outside agencies such as Accreditation Canada).

During an audit, the auditor (person performing the audit) and auditee (site/department/area being audited) are partners in this continual improvement process. An IPAC audit will benefit the organization best when used in a positive manner:

- Audits should be proactive rather than reactive.
- Audits are a means for problem solving, not for laying blame.
- Audits identify program strengths and opportunities for improvement.
- Audits result in continuous improvement of processes.
- Audit findings should add value to the auditee's quality improvement programs.
- Audits monitor for consistency across all aspects of the process.
- Audits promote/enhance the organization's IPAC culture and employee awareness of infection prevention and control.

2. A Summary of the Auditing Process

You cannot audit in a day.

Auditing the IPAC program is an ongoing process. For example, audits may be carried out throughout the year, focussing on different areas of the program each month. Auditing is relatively simple, but time-

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

consuming. Developing an audit calendar for planning the audit cycle may be useful from a time management perspective. Decisions on what portion of the audit tool to use and what clinical area(s) to audit will be reflected in the calendar for an ongoing process of auditing and re-auditing.

The *IPAC Program Standard* has been developed in three main sections – Culture, Scope and Framework. Auditing all of these sections at the same time can be daunting! **It is highly recommended that only a designated portion of the audit be completed at one time** (e.g., outbreak management) and all standards that apply to that portion be audited together, so that deficiencies related to a particular program area can be properly identified.

For detailed information about conducting an IPAC audit, refer to IPAC Canada’s *Auditing the IPAC Program*, available at: https://ipac-canada.org/photos/custom/pdf/Audit_Annex.pdf.

The *IPAC Program Standard* may be found at: http://www.ipac-canada.org/photos/custom/pdf/IPAC_PROGRAM_STANDARD_2016.pdf.

3. Instructions for using the PAT[®] Auditor Workbook

The Auditor Workbook is meant only for the use of the auditor, and must never be shared.

IPAC Canada has provided the *IPAC Program Audit Tool (PAT[®])* in a workbook format to assist those auditing the IPAC program. In the *PAT[®] Auditor Workbook*, each standard is accompanied by suggested sources of information for completing the document review, sample questions to ask when doing an interview (including an indication as to who should be interviewed) and suggestions for places to tour when doing an observational tour.

Summary information from the workbook and auditor notes is transferred to score sheets and work plans (see [Appendix C](#)) and these are then provided to the health care organization at post-audit meetings. **At the completion of the audit, meetings and final auditor report, the PAT[®] Auditor Workbook should be destroyed** according to organizational policy regarding confidential documents.

Each IPAC program standard is featured on two pages, as shown in Figures 1 and 2.

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.3 IPAC Program Champions and Role Models

STANDARD 3
IPAC program activities and awareness campaigns shall be developed through partnership and collaboration with key stakeholders.
 [Reference: IPAC Standard, section 1.3]

INDICATOR: The organization identifies IPAC issues to be promoted in collaboration with key stakeholders and partners.

QUALITY: The organization's IPAC program has a responsibility to collaborate and consult with other health care disciplines and/or settings.

Document Review: A positive finding includes at least **TWO** of the following:

- IPAC project scope/terms of reference/committees or working groups include a multidisciplinary cross section of key stakeholders, including patient/family representatives as indicated.
- All staff receive exposure to IPAC at new hire orientation and periodic training.
- Organization-wide Infection Control Week activities.

AND/

Interviews: **SAMPLE Interview Question: Do you know those on the IPAC team and what do they do in your organization to promote infection prevention and control?**

A positive response includes at least **TWO** of the following:

- IPAC staff attend departmental and/or interdisciplinary meetings (e.g., unit/ward/department staff meetings, facility planning meetings).
- IPAC staff conduct audits, surveillance activities, outbreak management activities, etc.
- IPAC staff provide consultative services and education to staff.
- Staff know their IPAC team (i.e., can recognize IPAC team members).
- Staff can discuss how IPAC team members interact with different areas within the organization.
- Staff can describe IPAC activities that have impacted them in their day-to-day activities (e.g., hand hygiene product availability, IPAC auditing, post-exposure protocols).

SAMPLE DOCUMENTS TO REVIEW:

- IPAC committee minutes
- IPAC committee terms of reference
- IPAC educational materials and activities
- IPAC publications, promotional materials
- IPAC awareness campaign materials, brochures
- IPAC newsletters, bulletins, information messaging systems
- IPAC-related signage/posters
- Internal website (intranet), external website
- Infection Control Week materials and documentation

PERSONS TO INTERVIEW:

- Staff

The PAT® Auditor Workbook 2017 Section 20 of 207

Figure 1: SAMPLE AUDIT PAGE 1

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #3 MET:

YES
 SCORE: 4
MODERATE RISK

NO
 SCORE: 0

N/A

SCORE = __

The PAT® Auditor Workbook 2017 Section 21 of 207

Figure 2: SAMPLE AUDIT PAGE 2

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Audit Procedure Overview

STEP 1: The auditor should review the standard that is being audited and become familiar with the sources of information required to verify the standard, as outlined in the Document Review, Interview and Observational Tour sections (*see below*).

STEP 2: Each standard has different criteria for verification. In some standards, only a document review will be required. In other standards, interviews will also be required as well as direct observations. These are all indicated in the tool. The auditor must be prepared to complete all that is required to verify that a standard has been met.

STEP 3: Review the evidence, checking the boxes related to the criteria as evidence is obtained.

STEP 4: Add notes as necessary to indicate exemplary work, deficiencies, etc.

STEP 5: Score the compliance with the standard (*see below*).

STEP 6: Complete the summary forms and action plan forms (samples are available in [Appendix C](#)).

STEP 7: When the audit meetings are complete and information has been discussed with those who will pursue improvements or deal with deficiencies, the *PAT*[®] Auditor Workbook sheets that were used should be destroyed per organizational policy regarding confidential documents.

Document Review

The Document Review is used for initial verification of audit findings. The health care organization's documents directly or indirectly contribute data that can be used as a basis for determining compliance with IPAC program standards. **A document must have been in place for at least one year to qualify for audit review.** This will ensure that there has been sufficient time to put the requirements/actions into place prior to auditing and to review and assess these actions after they have been in place.

Document review tends to be a long and complex process. For document review, the auditor:

- Focuses the document review on the objectives of the audit tool.
- Requests that staff indicate where the information is found in the documents. Review by a person unfamiliar with the local documentation system may be tedious and fruitless. The auditor must be explicit about his/her needs.

The *PAT*[®] Auditor Workbook includes a suggested list of documents that might be reviewed to verify whether an IPAC standard has been met. This list is by no means exhaustive and it is not necessary to review all of the sample documents. Once it is clear that there is proof in the organization's documentation that a standard has been met, the document review is complete.

Procedure for Document Review

- Examine documents to look for evidence that the standard has been met.
- Some suggested documents to review are indicated in the right-hand box on the audit tool. **Remember, these are only suggestions.** Full document lists and helpful aids for reviewing documents may be found in [Appendix A](#).
- Check all boxes that apply (see Figure 3).

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- A positive result is the number of boxes that must be checked for the standard to have been met and verified by document review (e.g., “A positive finding includes at least FOUR of the following”).
- While only a specified number of findings may be required for a standard to be met, implementing additional items will augment the IPAC program.

Document Review:	A positive finding includes <u>ALL</u> of the following: The IPAC team: <ul style="list-style-type: none"><input checked="" type="checkbox"/> analyses the information available on the outbreak and seeks further evidence as required to establish its nature and scale, based on epidemiological principles (i.e., characterization of outbreak in terms of person, place, time, reports new cases as they occur daily and provides the necessary analyses of the data).<input checked="" type="checkbox"/> informs and involves relevant colleagues and partner organizations about new cases in a timely manner.<input checked="" type="checkbox"/> establishes agreement on the control measures to be taken to minimize exposure to hazards and reduce risks to prevent secondary or further spread or exposures.<input checked="" type="checkbox"/> ensures that recommendations for improvement on outbreak deficiencies are addressed.<input checked="" type="checkbox"/> provides consultation to departments on outbreak management issues.	SAMPLE DOCUMENTS TO REVIEW: <ul style="list-style-type: none">IPAC protocols and proceduresOutbreak management team protocols and proceduresOutbreak management team committee minutesSurveillance reportsOutbreak reports
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Figure 3: SAMPLE COMPLETED DOCUMENT REVIEW PORTION OF AUDIT

Interviews

The interview portion of an audit is used to gather information that cannot be directly elicited from documentation. An example of this would be assessing if IPAC champions and role models are incorporated into the workplace. A range of interviews are carried out, encompassing individuals from all levels of the health care organization. Questions are asked in a manner that relates to the individual’s job or role and **the interviewee is encouraged to expand on his/her answers with more information as needed**. The purpose of this interview is to obtain specific information related to the standards from those carrying on activities in the health care organization. Telephone interviews are particularly useful for interviewing busy managers and supervisors.

Responses from interviewees may be either positive or negative and give an overall indication of whether an IPAC program standard is in place and working well within the organization. **Staff are advised that all interview records are confidential and will be destroyed once the report has been completed or after an interval that has been agreed to.**

Interview evidence is corroborated by:

- asking questions - inquire about task details;
- observing actual task - watch the task being done;
- checking records - confirm if task done is consistent with the documented procedure;
- follow the audit trail - sequence of process steps.

When gathering audit evidence, the auditor:

- utilizes the workbook that provides potential sources of confirmation for each of the standards;
- speaks to front-line as well as management and contracted staff to obtain a good perspective on what is taking place;
- asks “Can you show me...”;

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- does not ask leading or misleading questions;
- does not make verbal remarks on the audit evidence, just makes notes;
- is objective and professional.

The *PAT[®] Auditor Workbook* includes a suggested list of individuals who might be interviewed to verify whether an IPAC program standard has been met, as well as sample question(s) that might be asked. **The sample questions provided in the workbook are by no means exclusive and the interviewer is encouraged to pursue questioning with the interviewee until it is clear that a standard has, or has not, been met.**

Procedure for Interviews

Sample interview question(s) has/have been provided in the *PAT[®] Auditor Workbook*. Suggested individuals to interview are indicated in the *PAT[®] Auditor Workbook*. **Remember, these are only suggestions.**

- Introduce and explain the interview process and purpose to the interviewee.
- Discuss some of the interviewee's background information, so that questions can be asked in a manner that relates to the individual's job.
- Ask the questions on the audit tool. Re-word them if needed. Expand on them if you didn't get enough information. Record key words and comments in the Notes section.
- Check the box if the question has been answered sufficiently to indicate that the standard has been met (see Figure 4).
- A positive response is the number of boxes that must be checked for the standard to have been met and verified by interview (e.g., "A positive response includes BOTH of the following"). **When more than one individual is interviewed, at least 70% of responses must be positive for the standard to be considered to be met** (see Appendix B).

AND Interviews:	SAMPLE Interview Question: How do you use surveillance data that are collected for IPAC purposes? A positive response includes at least <u>TWO</u> of the following: <input type="checkbox"/> IPAC data are categorized <u>according to</u> person, place and time. <input checked="" type="checkbox"/> IPAC data are used to calculate infection rates. <input checked="" type="checkbox"/> Infection rates are shared with stakeholders for discussion and improvement. <input checked="" type="checkbox"/> Benchmarks are used for IPAC surveillance comparisons. <input checked="" type="checkbox"/> Surveillance analyses are used to inform practice changes.	PERSONS TO INTERVIEW: IPAC manager IPAC staff / epidemiologist
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Figure 4: SAMPLE COMPLETED INTERVIEW PORTION OF THE AUDIT

Observational Tour

The observational tour is used to gather information that needs to be seen to prove that a standard is in place. An example of this would be assessing if the organization has a visible IPAC presence.

When direct observation activities are conducted, the auditor's expectations are shared before beginning observation. After completing the observation, the auditor summarizes whether what was found met expectations or the practice did not meet the requirements. For example, an auditor might ask, "Do you mind if I watch you wash your hands?" The auditor then observes the hand washing procedure to determine if it is done correctly. Afterwards, the auditor indicates in a broad sense whether the procedure met the standard, for example, "Thank you, well done" or "Some people use a rhyme, like Happy Birthday, to help them achieve the correct wash time".

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

When the auditor observes failure to comply with an IPAC standard, this is noted and possibly mentioned at the final meeting. This does not necessarily mean that it represents a trend unless the practice is repeated. If an unsafe situation is detected that warrants work stoppage, the auditor informs the manager immediately (e.g., construction without proper hoarding; unacceptable sterilization processes or practices used for reprocessing medical equipment).

The PAT[®] Auditor Workbook includes suggestions for areas or departments that might be visited to verify whether an IPAC standard has been met.

Procedure for Observational Tour

- Visit the department/area being audited (this may be the entire facility) to look for visible evidence that the standard has been met. This may include watching as staff engage in an IPAC-related task, such as putting on personal protective equipment or practicing hand hygiene.
- Check all boxes that apply (see Figure 5).
- Interviews may be conducted during the tour, as required, to verify information.
- A positive finding is the number of boxes that must be checked for the standard to have been met and verified by directly observing practice (e.g., “A positive finding includes ALL of the following”).

AND	Observational Tour: A positive observation includes at least FOUR of the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Protocols for the management of staff exposures are readily available in the workplace (e.g., bulletin boards, lunch rooms, employee handbook, safety manual, computer). <input type="checkbox"/> Minutes of the Infection Control Committee/OHS committees are posted/made readily available to staff. <input checked="" type="checkbox"/> Various types of suitable PPE, of sufficient sizes and quantity and quality, are readily accessible to staff. <input checked="" type="checkbox"/> Sharps containers readily available at point-of-use/care. <input checked="" type="checkbox"/> Needleless systems are in use. <input checked="" type="checkbox"/> Hand hygiene stations readily available at point-of-care. 	AREAS TO TOUR: Clinical areas
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Figure 5: SAMPLE COMPLETED OBSERVATIONAL TOUR PORTION OF THE AUDIT

Notes

The auditor makes notes during the audit process to showcase successes, highlight deficiencies and personal notes (e.g., reminder about additional documents that might need to be reviewed after completing a tour). These notes will be used to formulate action plans and may be added to post-audit reports to be shared with the auditee (see Figure 6).

If more than the minimum number of items are checked, this could be highlighted as a positive finding for a good program.

Notes written in the workbook are for the use of the auditor only.

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK	
Positive findings and innovative program(s): <ul style="list-style-type: none"> Organization has a current defined Infection Control week activities plan that has been approved by the organization Activities have been advertised via e-mails Activities have been promoted via hard copy documents e.g. handouts for staff, patients, visitors Posters of correct hand hygiene technique are evident throughout the organization Fair with activities for staff, patients and visitors to participate in Deficiencies requiring review/action: <ul style="list-style-type: none"> There are no posters showing pictures of current IPAC Champions promoting IPAC best practices There is no identified selection process for IPAC Champions Other notes: <p>Infection Control Week activities need to be promoted at least 2 weeks before event to ensure more staff, patients, visitors are aware of events happening. Notices via e-mail and visual displays very noticeable and attention grabbing!</p>	STANDARD #4 MET: YES <input checked="" type="checkbox"/> SCORE: 4 MODERATE RISK NO <input type="checkbox"/> SCORE: 0 N/A <input type="checkbox"/> SCORE = <u>4</u>

Figure 6: SAMPLE COMPLETED NOTES PORTION OF AUDIT

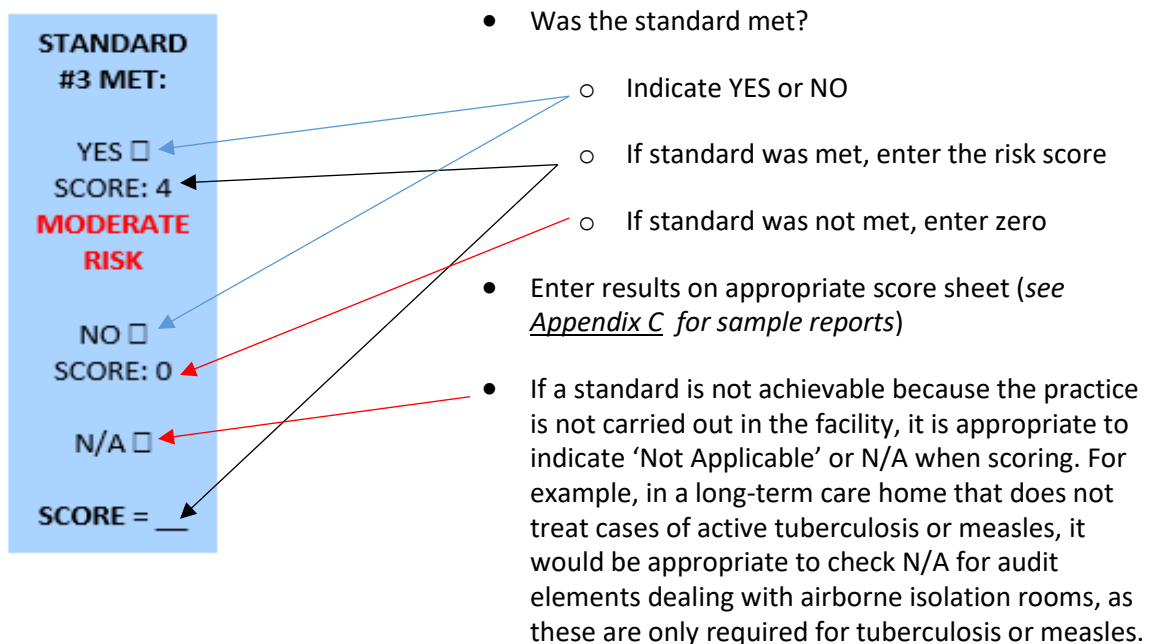
IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Scoring

The IPAC program standards have been weighted appropriately so that those standards that carry the most impact have been assigned a higher weight and standards with low impact have been assigned a lower weight. For more information about risk weighting, see IPAC Canada's *Auditing the Infection Prevention and Control (IPAC) Program*, available at https://ipac-canada.org/photos/custom/pdf/Audit_Annex.pdf.

Scoring the PAT is an all-or-nothing exercise. The "score" is actually the weight that the standard has been assigned, not a sum or tally of values achieved. If the standard is met, it is scored the full weight assigned. If the standard is not met, it is scored zero. Thus, if those standards with the most impact (that carry the highest risk value) are met, the overall score will be high. If those standards with the most impact are not met, the overall score will be low. This score can then be used to formulate action plans and timelines for improvement, with priority given to the standards carrying the highest risk. See [Appendix C](#) for a sample action plan.

Procedure for Scoring the PAT



- Was the standard met?
 - Indicate YES or NO
 - If standard was met, enter the risk score
 - If standard was not met, enter zero
- Enter results on appropriate score sheet (see [Appendix C](#) for sample reports)
- If a standard is not achievable because the practice is not carried out in the facility, it is appropriate to indicate 'Not Applicable' or N/A when scoring. For example, in a long-term care home that does not treat cases of active tuberculosis or measles, it would be appropriate to check N/A for audit elements dealing with airborne isolation rooms, as these are only required for tuberculosis or measles.

Written Reports

Instructions and recommendations for the preparation of the report:

- When the field activities have been completed, a final written report should be prepared.
- It is recommended that the report be written on the same day as the evaluation was made, particularly if more than one department/site has been evaluated that day.
- This is an activity that should be carried out by the entire team. If more than one department/site has been evaluated on the same day, it is recommended that the departments/sites be analyzed one at a time.

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Sample templates for reports are available in [Appendix C](#). These may be used for summarizing the scores of the standards that have been audited and for developing action plans.

Results

Using a mix of positive and negative feedback, where appropriate, state the results of the audit. The Risk Score may be used to determine the impact on staff and patient safety. See [Appendix C, Audit Results Overview](#), for a sample form that may be used. See Figure 7 for an example of how this form might be completed for one section of the audit. An overall compliance score of at least 70% is desirable.

Recommendations for Action

The action plan and the timelines for it must be realistic for the health care organization, based on available resources. The Risk Score will help determine the urgency of the required corrective actions and their impact on staff and patient safety. See [Appendix C, Audit Deficiency Action Plan](#), for a sample form that may be used. See Figure 8 for an example of how this form might be completed for one section of the audit.

Where a deficiency cannot be given a target date for completion that will delay resolution beyond six months (e.g., budget limitations), then actions taken to address what has been done, plans for what needs to be done etc., should be documented. Unresolved deficiencies need to be tracked so they are not left unresolved.

Conclusions and Follow-up

State what follow up action will be taken by Infection Prevention and Control to ensure the feedback loop is complete (e.g., an audit will be undertaken again in three months). State any other time frames that are applicable.

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

A. Audit Summary Score Sheet

The Audit Summary Score Sheet is a quick tally of the score achieved for each standard that is audited, compared to the total achievable score. It is intended to be used when auditing IPAC Canada's *IPAC Program Standard*. Add additional rows as required. This form is available in a Word format on the IPAC Canada website.

**** NOTE: If a standard is scored N/A, it should not be included in the scoring or summaries.**

Audit Date(s): December 15, 2016

Auditor(s): Sally Smith

Area(s) Audited: Brock 1

Std #	Standard (Fill in the full text of the standard that is being assessed)	Assigned Risk Score	Achieved Score
88	An IPAC performance management program shall be evident in the health care organization, including an IPAC performance review for staff.	4	4
89	There shall be a process to evaluate the quality of the IPAC program.	4	0
90	The health care organization shall make ongoing improvements to its IPAC program.	4	4
TOTAL:		12	8
PROPORTION:		100 %	67 %

Figure 7: SAMPLE COMPLETED AUDIT SUMMARY SCORE SHEET

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK						
MODERATE RISK ITEMS (SCORE = 4)						
Std #	Assigned Risk Score	Achieved Score	Recommended Action Plan and Rationale	Lead Person	Target Date for Completion	Date Completed
89	4	0	A process will be put in place to evaluate the quality of the IPAC program. This will become a part of the IPAC Annual Report.	S. Smith	Jan 31/17	
	4					
	4					
	4					
	4					

Figure 8: SAMPLE COMPLETED AUDIT DEFICIENCY ACTION PLAN

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

4. The IPAC Canada Program Audit Tool (PAT[®]) Workbook

You cannot audit in a day.

The IPAC program standards are grouped into the following general areas. **It is highly recommended that only a designated portion of the audit be completed at one time** (i.e., one or two of these program areas, e.g., *2.5 Hand Hygiene Program*) and all of the standards that apply to that portion be audited together, so that deficiencies related to a particular program area can be properly identified and cross-referenced.

SECTION 1: CULTURE OF IPAC SAFETY IN THE HEALTH CARE ORGANIZATION

- 1.1 IPAC CULTURE (1 standard)
- 1.2 IPAC PROGRAM MISSION, VISION AND VALUES (1 standard)
- 1.3 IPAC PROGRAM CHAMPIONS AND ROLE MODELS (2 standards)
- 1.4 IPAC CULTURE OF LEARNING (1 standard)
- 1.5 IPAC WORK-LIFE (1 standard)
- 1.6 PATIENT SAFETY (1 standard)

SECTION 2: SCOPE OF THE IPAC PROGRAM

- 2.1 IPAC PROGRAM IMPACT, COLLABORATION AND ENGAGEMENT (3 standards)
- 2.2 IPAC EDUCATION (8 standards)
- 2.3 IPAC SURVEILLANCE PROGRAM (8 standards)
- 2.4 ANTIMICROBIAL STEWARDSHIP (1 standard)
- 2.5 HAND HYGIENE PROGRAM (5 standards)
- 2.6 PATIENT FLOW (1 standard)
- 2.7 OUTBREAK MANAGEMENT (7 standards)
- 2.8 EMERGENCIES, DISASTERS AND MAJOR INCIDENTS (3 standards)
- 2.9 ROLE OF OCCUPATIONAL HEALTH IN THE IPAC PROGRAM (13 standards)
- 2.10 IPAC PROGRAM PROTOCOLS AND PROCEDURES (3 standards)
- 2.11 IPAC PROGRAM RESEARCH INITIATIVES (3 standards)

SECTION 3: IPAC PROGRAM FOUNDATIONAL FRAMEWORK

- 3.1 IPAC PROGRAM GOVERNANCE AND LEADERSHIP (4 standards)
- 3.2 IPAC PROGRAM ADMINISTRATION (19 standards)
- 3.3 IPAC PERFORMANCE MANAGEMENT (3 standards)
- 3.4 ASSESSMENT AND EVALUATION OF THE IPAC PROGRAM (2 standards)

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.0 Culture of Infection Prevention and Control (IPAC) Safety in the Health Care Organization

1.1 IPAC Culture

STANDARD 1

The health care organization's leaders and staff shall communicate, model and be actively involved, engaged and committed in developing and maintaining a culture of infection prevention throughout the organization.

[Reference: IPAC Standard, section 1.1]

INDICATOR: The organization engages staff, physicians, volunteers, patients, family members and other key stakeholders in promoting an IPAC culture within the organization.

QUALITY: The vision for a risk-free health care environment and associated reduction in HAIs is embedded within the organization and communicated to all stakeholders and staff through effective leadership, with open communication among all caregivers regarding IPAC initiatives.

Document Review: A positive finding includes BOTH of the following:

- There is clear messaging that everyone in the organization matters and everyone is responsible for preventing infections.
- Shared accountability has been identified as critical to a sustained organizational climate change for IPAC (i.e., there are processes to “engage everybody” in the IPAC process) via organizational messaging to staff, physicians, volunteers, patients, family members and other key stakeholders. e.g. review organizational and IPAC protocols and procedures, memos, posters handouts, electronic messaging, educational activities/educational fair materials, use of IPAC champions etc.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records
IPAC program strategic/operational plans
IPAC-related signage, posters, brochures
IPAC educational materials, awareness campaigns
IPAC newsletters, bulletins, websites, information messaging systems, social media, electronic discussion boards
Organizational strategic plan
Communications from senior management
Management job descriptions outlining IPAC responsibilities
Education and training department minutes, educational materials

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#1 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.2 IPAC Program Mission, Vision and Values

STANDARD 2

There shall be a clear vision and Board-level support for the IPAC program in the health care organization.

[Reference: IPAC Standard, section 1.2]

INDICATOR: There is administrative and board level accountability for the IPAC program within the organization.

QUALITY: The IPAC program's mission, vision and values are consistent with those of the organization, provide the basis for the IPAC program's planning and direction, is communicated to stakeholders and is regularly reviewed.

Document Review: A positive finding includes ALL of the following:

- The governing board identifies IPAC as critical for quality and patient safety in the organization's strategic plan.
- There is administrative and board level accountability for IPAC goals and priorities.
- The IPAC program's mission, vision and values are consistent with those of the organization.

SAMPLE DOCUMENTS TO REVIEW:

IPAC protocols/procedures
IPAC program goals/objectives
IPAC program strategic/operational plans
IPAC annual report, action plans
IPAC mission, vision, values
Senior management meeting minutes
Communications from senior management
Organizational strategic plan/annual report
Organizational reporting structure/organizational chart
Board/executive meeting minutes
Organizational website, electronic messaging to staff
Organizational goals, mission, vision, values statements

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#2 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.3 IPAC Program Champions and Role Models

STANDARD 3

IPAC program activities and awareness campaigns shall be developed through partnership and collaboration with key stakeholders.

[Reference: IPAC Standard, section 1.3]

INDICATOR: The organization Identifies IPAC issues to be promoted in collaboration with key stakeholders and partners.

QUALITY: The organization's IPAC program has a responsibility to collaborate and consult with other health care disciplines and/ or organizations.

Document Review: A positive finding includes at least TWO of the following:

- IPAC project scope/terms of reference/committees or working groups include a multidisciplinary cross section of key stakeholders, including patient /family representatives as indicated.
- All staff receive exposure to IPAC at new hire orientation and periodic training.
- Organization-wide Infection Control Week activities.

AND

Interviews:

SAMPLE Interview Question: *Do you know those on the IPAC team and what do they do in your organization to promote infection prevention and control?*

A positive response includes at least TWO of the following:

- IPAC staff attend departmental and/or interdisciplinary meetings (e.g., unit/ward/department staff meetings, facility planning meetings).
- IPAC staff conduct audits, surveillance activities, outbreak management activities, etc.
- IPAC staff provide consultative services and education to staff.
- Staff know their IPAC team (i.e., can recognize IPAC team members).
- Staff can discuss how IPAC team members interact with different areas within the organization.
- Staff can describe IPAC activities that have impacted them in their day-to-day activities (e.g., hand hygiene product availability, IPAC auditing, post-exposure protocols).

SAMPLE DOCUMENTS TO REVIEW:

IPAC committee minutes, terms of reference
IPAC educational materials and activities
IPAC publications, promotional materials
IPAC awareness campaign materials, brochures
IPAC newsletters, bulletins, information messaging systems
IPAC-related signage/posters
Internal website (intranet), external website
Infection Control Week materials and documentation

PERSONS TO INTERVIEW:

Staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#3 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.3 IPAC Program Champions and Role Models

STANDARD 4

An IPAC culture shall be promoted within the health care organization through the engagement of staff, physicians, volunteers, champions and role models.

[Reference: IPAC Standard, section 1.3]

INDICATOR: The organization optimizes strategies to positively influence staff compliance by correct modelling behaviours of other health care workers.

QUALITY: Specific key champions and role models take personal responsibility to model the right behaviour and hold others accountable as part of an organization's internal IPAC responsibility system.

Document Review: A positive finding includes at least ONE of the following:

- There is a formal or informal selection process to determine how appropriate champions are identified for a specific IPAC initiative.
- There are written plans for Infection Control Week activities and other IPAC initiatives (e.g., hand hygiene campaign) that include using selected staff as champions/ role models with a defined staff engagement role.
- There is a review process to evaluate success due to the use of champions/role models being part of an IPAC initiative.
- There is evidence that IPAC champions and role models are recognized by colleagues/peers and this is publicized by the organization.

AND

Interviews: **SAMPLE Interview Question: *Who are the IPAC champions in your organization and what influence have they had on your performance?***

A positive response includes at least ONE of the following:

- Champions collaborate with colleagues to bring awareness of IPAC to the workplace (e.g., brings IPAC-related issues to key meetings and discussions).
- Demonstrates/reinforces proper IPAC performance (e.g., hand hygiene, sterile technique, cleaning practices).
- Utilizes "teaching moments" and "just in time training" to provide IPAC input and feedback on an ad hoc basis.
- Acts as a visible component of IPAC messaging and promotion (e.g., education, auditing, champions on posters).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program strategic/operational plans
IPAC program goals/objectives
IPAC protocols/procedures
Infection Control Week materials and documentation
Hand hygiene/core competency training materials
IPAC newsletters, bulletins, information messaging systems
IPAC-related signage/posters
IPAC awareness campaign materials, brochures

PERSONS TO INTERVIEW:

Staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AND

- Observational Tour: A positive observation includes at least ONE of the following:
- There is visible evidence that IPAC is promoted throughout the health care organization (e.g., posters, signage, leader boards, award pins and stickers).
 - Key organizational staff are observed to be engaged in IPAC-related activities.

AREAS TO TOUR:

Clinical areas
Staff and patient lounges
Facility entrances

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #4 MET:

YES
SCORE: 4
MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.4 IPAC Culture of Learning in the Organization

STANDARD 5

There shall be a culture of learning in the health care organization that supports IPAC education for managers, staff and volunteers.

[Reference: IPAC Standard, section 1.4]

INDICATOR: The organization promotes a culture of learning in relation to IPAC and ensures staff have time to participate in IPAC training and education.

QUALITY: The organization fulfills its Work Life strategies when resources are provided for staff to do their jobs and when continued competence is supported through education.

Document Review: A positive finding includes ALL of the following:
There is written evidence that the organization's leaders demonstrate support for IPAC-related education and job competence through:

- coaching, mentoring and networking opportunities;
- support for IPAC-related educational activities, workshops, conferences and courses, including time to achieve learning and adequate financial support;
- access to IPAC educational resources (e.g., IPAC manual, library resources, electronic resources).

AND

Interviews: **SAMPLE Interview Question: *How does your organization support you in obtaining additional IPAC-related knowledge?***

- A positive response includes at least THREE of the following:
- There are coaching, mentoring and networking opportunities readily available, both internal and external to the organization.
 - Financial support is provided for educational activities, workshops, conferences, courses, etc.
 - Time to allotted to achieve IPAC learning.
 - Financial support is provided to achieve IPAC learning.
 - There is access to IPAC educational resources (e.g., IPAC manual, library resources, electronic resources).

SAMPLE DOCUMENTS TO REVIEW:

IPAC protocols/procedures
IPAC educational materials, activities, attendance records, evaluation forms, course certificates
IPAC budget
Departmental education and training records
Departmental meeting minutes, protocols/procedures

PERSONS TO INTERVIEW:

Managers and supervisors in clinical areas
Staff in clinical areas

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD

#5 MET:

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.5 IPAC Work-Life

STANDARD 6

The health care organization shall demonstrate commitment to work-life strategies for the prevention of staff infections.

[Reference: IPAC Standard, section 1.5]

INDICATOR: There is evidence that the health care organization has a proactive and accessible Occupational Health Service (OHS). This includes evidence of a high level of competence in all areas related to the IPAC program, to ensure the welfare of staff (including short-term and contract workers).

QUALITY: The health care organization supports IPAC-related health and infection prevention strategies for staff.

Document Review: A positive finding includes at least THREE of the following:

- IPAC and OHS protocols and procedures that comply with relevant legislation are in place to protect staff.
- Staff are trained in IPAC risk assessment and use of personal protective equipment (PPE) based on that assessment.
- Resources are in place to protect staff from IPAC-related threats (e.g., PPE, hand hygiene equipment, immunization programs, sharps safety initiatives).
- There are protocols for management to follow in the event of staff exposure to infectious disease.
- IPAC-related incidents are investigated to prevent recurrence (i.e., incident investigation).

AND

Interviews: **SAMPLE Interview Question for Managers/Supervisors/OHS Staff/IPAC Staff:**
Can you list IPAC or OHS provisions or protocols that are in place to protect staff from illness with an infectious disease?

SAMPLE Interview Question for Staff: *Are you aware of programs that are in place to protect you from acquiring an infectious disease during work?*

A positive response (for each group) includes at least THREE of the following:

- Staff immunization program.
- Protocols relating to the safe use of sharps.

SAMPLE DOCUMENTS TO REVIEW:

IPAC protocols/procedures
OHS protocols/procedures related to IPAC
IPAC core competency training materials
IPAC educational materials, activities, attendance records, evaluation forms, course certificates
IPAC audits, risk assessments
IPAC quality/risk improvement activities
Incident investigation reports, communicable disease exposure reports

PERSONS TO INTERVIEW:

Senior management
IPAC staff
OHS staff
Staff in clinical areas

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Protocols relating to the use of PPE, including easy access and availability of PPE.
- Routine Practices and Additional Precautions protocols and training.
- Return to work and attendance management program.
- Orientation programs that include sharps safety, exposure management, etc.
- Exposure management program, including contact tracing and follow-up of exposed staff.
- Hand hygiene audits/monitoring.

AND

Observational Tour:

A positive observation includes at least FOUR of the following:

- Protocols for the management of staff exposures are readily available in the workplace (e.g., bulletin boards, lunch rooms, employee handbook, safety manual, computer).
- Minutes of the Infection Control Committee/OHS committees are posted/made readily available to staff.
- Various types of suitable PPE, of sufficient sizes and quantity and quality, are readily accessible to staff.
- Sharps containers readily available at point-of-use/care.
- Needleless systems are in use.
- Hand hygiene stations readily available at point-of-care.

AREAS TO TOUR:
Clinical areas

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #6 MET:

YES
SCORE: 4

MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

1.6 Patient Safety

STANDARD 7

Patient safety related to the IPAC program shall be a strategic priority for the health care organization.

[Reference: IPAC Standard, section 1.6]

INDICATOR: The IPAC program's role in patient safety is aimed at the patients themselves, as well as family members and visitors to the organization.

QUALITY: The critical role of the IPAC program in patient safety is recognized by accreditation organizations, whose patient safety goal is to reduce the risk of health care-associated infections and their impact across the continuum of care.

Document Review: A positive finding includes ALL of the following:

- All identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection is treated as a sentinel event.
- Patient screening and risk assessment occurs at admission and on entry to clinics and outpatient services to determine placement, requirement for personal protective equipment (PPE) and requirement for Additional Precautions.
- Patients are aware of the health care organization's commitment to hand hygiene as evidenced by signage, availability of hand hygiene agents and personal instruction by staff.

AND at least FOUR of the following:

- There is evidence that critical data and information related to patient health care-associated infections is collected, managed and reported.
- Targeted infection rates are made available to the public.
- Evidence-based IPAC practices, standards and guidelines are implemented.
- Staff receive IPAC education regarding their role in patient safety and interventions to protect patients/staff/visitors from infection.
- Patient safety is a core value in the organization.

AND

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures, strategic/operational plans
IPAC committee minutes, terms of reference
Organization goals, mission, vision, values statements
IPAC quality/risk improvement activities
IPAC patient and staff educational materials/activities, core competency training materials
IPAC-related signage/posters
IPAC newsletters, bulletins, information messaging systems
IPAC-related critical incident management protocols and processes
Outbreak protocols/procedures, reports, minutes
Admissions/discharge protocols/procedures, screening forms

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Interviews:

SAMPLE Interview Question for Patients/Families/Visitors: *How have you been made aware of your role in preventing infections during your visit?*

A positive response includes at least ONE of the following:

- IPAC signage and messaging is obvious (e.g., hand hygiene, cough etiquette, outbreak information).
- Printed materials were provided (e.g., fact sheets, brochures).
- Staff have discussed infection prevention.

PERSONS TO INTERVIEW: Patients/families Visitors

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #7 MET: YES <input type="checkbox"/> SCORE: 6 EXTREME RISK NO <input type="checkbox"/> SCORE: 0 N/A <input type="checkbox"/> SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.0 Scope of the IPAC Program

2.1 IPAC Program Impact, Collaboration and Engagement

STANDARD 8

The IPAC program needs of internal and external stakeholders are identified, assessed, evaluated and reassessed on a regular basis.

[Reference: IPAC Standard, section 2.1.1]

INDICATOR: There is a process to identify, assess, evaluate and reassess the IPAC program needs of stakeholders inside and outside the health care organization.

QUALITY: The IPAC program assesses who its stakeholders are, determines how to meet their needs and implements an IPAC program suited to those needs.

- Document Review: A positive finding includes at least TWO of the following:
- There are processes to identify, assess and evaluate the IPAC program needs of stakeholders inside and outside the organization.
 - IPAC staff seek the input of internal and external stakeholders, as appropriate, to provide input into the development of IPAC program protocols and procedures.
 - Trends and shifts in external stakeholder demographics are identified and used to inform IPAC processes and practices (e.g., local geography, average patient age, cultural issues).
 - Internal demographic data is used to inform IPAC strategies.
- AND the following:
- There is a documented process for reassessing IPAC stakeholder needs that includes a time frame for reassessment.

AND

- Interviews: **SAMPLE Interview Question: *How are you encouraged as a stakeholder to provide feedback on the organization's IPAC program?***
- A positive response includes at least TWO of the following:

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Communications department meeting minutes
Outbreak management team (OMT) protocols/procedures, reports, minutes, records, action plans
Demographic reports
Internal/external stakeholder consultations
IPAC internal website (intranet), electronic discussion boards, electronic messaging to staff
Staff knowledge/practice surveys, focus groups, questionnaires, town halls, suggestion boxes
Patient surveys, post-discharge questionnaires, ombudsman reports
Media reports

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Individuals are able to indicate whether or not the organization's IPAC program is meeting their needs or the needs of others.
- Individuals have input into IPAC protocols and procedures, written materials, promotional materials and/or IPAC activities for patients and families.
- Surveys on IPAC program activities and future educational events are administered to staff and patients.
- There are suggestion boxes for staff to report successes and/or deficiencies and make suggestions.
- Evaluation forms are completed after education sessions, asking for areas that need additional education.
- IPAC issues are raised at departmental meetings with feedback provided to IPAC staff.

PERSONS TO INTERVIEW:
IPAC staff
IPAC manager
Front line staff
Patients and families
Senior management

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #8 MET:

YES
SCORE: 4
MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.1 IPAC Program Impact, Collaboration and Engagement

STANDARD 9

The IPAC program shall collaborate and liaise with internal and external partners.

[Reference: IPAC Standard, section 2.1.2]

INDICATOR: The IPAC program does not function in isolation, but fosters collaboration with both internal and external stakeholders and partners.

QUALITY: There is a relationship between the IPAC program and all other departments within the organization. Optimal relationships are built and maintained within and outside the IPAC program.

Document Review: A positive finding includes at least THREE of the following **internal** items:

- There is evidence that the IPAC team collaborates with internal stakeholders/partners.
- IPAC issues are documented in minutes of meetings of other departments.
- There is evidence of a multidisciplinary approach to accomplishing IPAC goals through IPAC membership on departmental committees and working groups, IPAC playing a role in organizational decisions and IPAC involvement in policy development.
- There is a process to evaluate the impact of IPAC membership on internal multidisciplinary committees.
- IPAC staff are invited to present information and education at internal departmental meetings and events.

AND at least ONE of the following **external** items:

- There is evidence that the IPAC team collaborates with external stakeholders/partners (e.g., IPAC Canada chapters, local/regional committees).
- There is external representation on internal IPAC committees.
- IPAC staff are invited to present information and education at external events.

AND

Interviews:

SAMPLE Interview Question: *How do you take part in the organization's decision-making processes on IPAC issues?*

A positive response includes at least TWO of the following:

- IPAC staff are represented on internal and external multidisciplinary committees.
- IPAC staff have input into the organization's policies and procedures regarding IPAC-related issues.

SAMPLE DOCUMENTS TO REVIEW:

IPAC committee meeting minutes, terms of reference, communications
IPAC newsletters, bulletins
IPAC publications, promotional materials
IPAC internal website (intranet), electronic discussion boards, electronic messaging to staff
IPAC external website materials, IPAC social media
Departmental meeting minutes
Audit reports and action plans
IPAC educational materials/activities
Staff knowledge/practice surveys, focus groups, questionnaires, town halls, suggestion boxes
IPAC quality/risk improvement activities, feedback to staff, action plans

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- IPAC staff are invited to speak at departmental committee meetings and events.
- IPAC staff have input into departmental information provided for patients when it relates to IPAC issues (e.g., brochures on infectious diseases).

PERSONS TO INTERVIEW:

IPAC manager
IPAC staff

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#9 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.1 IPAC Program Impact, Collaboration and Engagement

STANDARD 10

The IPAC program shall have a communications process to disseminate timely and/or critical IPAC information to internal and external partners.

[Reference: IPAC Standard, section 2.1.2]

INDICATOR: Health care organizations have established procedures for receiving and responding appropriately to all international, national, provincial, regional and local important health notices, timely updates and other critical information.

QUALITY: Timely communication assists organizations in determining priorities, preventing further cases of infection, effectively controlling clusters/outbreaks and minimizing the impact of an event.

- Document Review: A positive finding includes at least TWO of the following:
- There is a process for staff to report urgent issues that have IPAC program implications in a timely fashion (e.g., sterilization failures, structural damage compromising air flow, flooding).
 - There is transparent communication of critical IPAC issues both within and outside the organization (e.g., internal and external website, electronic or paper newsletter, IPAC alerts or notices, electronic communications via email).
 - There is signage to restrict entry to areas of the health care organization where there is an IPAC hazard.
 - There is transparent communication of all relevant surveillance data to staff and patients (e.g., public reporting systems).

AND

Interviews: **SAMPLE Interview Question: *How would you report critical and emergent events that have IPAC implications (e.g., sewer backup)?***

- A positive response includes at least ONE of the following:
- Staff are aware of which types of emergent events constitute an IPAC threat.
 - Staff know how and to whom to report an emergent event that has IPAC implications, i.e., an event that could pose a risk for infection and spread of pathogens.

SAMPLE DOCUMENTS TO REVIEW:

IPAC newsletters, bulletins, information messaging systems
IPAC -related signage/posters
IPAC internal website (intranet), electronic discussion boards, electronic messaging to staff
IPAC external website materials, IPAC social media
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, action plans

PERSONS TO INTERVIEW:

IPAC manager
IPAC staff
Clinical staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#10 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 11

An IPAC education program shall be provided annually, and periodically as required, to all staff working in the health care organization.

[Reference: IPAC Standard, section 2.2.1]

INDICATOR: There is evidence that all staff in the health care organization receive IPAC education at least once per year. IPAC education is provided by individuals with IPAC expertise, either internal or external to the organization.

QUALITY: The health care organization promotes a culture of learning in relation to IPAC and ensures staff have time to participate in IPAC training and education.

Document Review: A positive finding includes ALL of the following:

- Attendance at IPAC education is an annual performance review tool.
- Staff training records show evidence of IPAC competency and attendance at IPAC education at least once per year.
- Students carrying out duties in the organization receive IPAC instruction prior to internships.
- IPAC annual program objectives include an educational component.

AND

Interviews: **SAMPLE Interview Question: *How often do you receive IPAC education?***

A positive response includes at least TWO of the following:

- Formal IPAC education programs are delivered annually.
- Time is allocated for staff to attend IPAC education at least once per year.
- Ad hoc IPAC education is provided when the need arises (e.g., new IPAC protocols, deficiencies noted during audits, during outbreaks).
- IPAC educational materials are provided for ongoing self-training (e.g., infection control manual, organization's intranet, information CD/DVDs).
- IPAC education and information is provided during Infection Control Week, Patient Safety Week and other related annual events.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC internal website (intranet),
electronic discussion boards,
electronic messaging to staff
Outbreak management
protocols/procedures, reports,
records, action plans
IPAC educational materials/activities,
attendance records
Departmental education/training
records
IPAC awareness campaign materials,
brochures, records, "just in
time"/continuing education
Infection Control Week materials

PERSONS TO INTERVIEW:

Managers
Staff
Volunteers

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #11 MET:

YES
SCORE: 3
LOW RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 12

IPAC education shall meet the IPAC program priorities of the health care organization.

[Reference: IPAC Standard, section 2.2.2]

INDICATOR: IPAC program educational priorities are consistent with the health care organization's strategic plan.

QUALITY: The health care organization's multi-faceted approach to the IPAC program includes an education program tailored to its IPAC program priorities, services and patient populations, that is directed to all who work in the organization.

Document Review: A positive finding includes ALL of the following:

- The health care organization's strategic plan includes a component relating to IPAC education.
- There are protocols and procedures for IPAC education that are consistent with organizational strategic directions.
- IPAC educational objectives for all IPAC training is consistent with the IPAC annual priorities and the health care organization's strategic plan.

SAMPLE DOCUMENTS TO REVIEW:
IPAC program strategic plan/operational plans
IPAC program goals/objectives
IPAC program protocols/procedures
Organizational strategic plan/annual report

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#12 MET:**

YES
SCORE: 4

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 13

IPAC education programs shall include IPAC core competencies for staff.

[Reference: IPAC Standard, section 2.2.2]

INDICATOR: Staff IPAC education includes current information and training on risk assessment, health care-associated infections, basic IPAC core competencies and legislated IPAC responsibilities.

QUALITY: The IPAC education program for staff is comprehensive and includes IPAC core competencies and other important IPAC issues affecting patient care and staff activities in the organization.

- Document Review:** A positive finding includes ALL of the following:
- IPAC educational materials contain information on health care-associated infections that is easy to understand.
 - IPAC educational materials include information on legislated staff responsibilities related to IPAC (e.g., immunization).
 - IPAC educational materials include IPAC core competencies as developed by IPAC Canada, including:
 - Hand hygiene for staff, service providers and volunteers;
 - Concepts of Routine Practices and Additional Precautions;
 - Appropriate use of personal protective equipment;
 - Safe use and management of sharps;
 - Environmental cleaning; and
 - Equipment cleaning and disinfection/sterilization.
 - IPAC training is task-oriented in order to ensure competence and job safety.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goal/objectives
IPAC program protocols/procedures
IPAC core competency training materials
IPAC educational materials/activities, attendance records, evaluation forms, course certificates
IPAC orientation materials
IPAC awareness campaign materials, brochures, records, "just in time"/continuing education, pre/post-test results

AND

Interviews: **SAMPLE Interview Question: Describe the content of the IPAC education you have received?**

A positive response includes at least SIX of the following:

Individuals indicate they have received education on:

- IPAC responsibilities required by legislation (e.g., immunization, blood/body fluid exposure, remaining home when ill)

PERSONS TO INTERVIEW:

Managers
Staff
Volunteers

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- How to perform an IPAC risk assessment before contact with patients to assess the potential for exposure to infectious disease
- Transmission of infectious agents (e.g., Chain of Transmission)
- Information on new emerging infectious agents
- Steps to cleaning hands appropriately and correctly
- Concepts of Routine Practices and Additional Precautions
- Correct procedures for putting on/taking off personal protective equipment (PPE)
- Safe management of sharps
- Cleaning, disinfection/sterilization of medical equipment
- Cleaning of the environment

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#13 MET:**

YES

SCORE: 5

HIGH RISK

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 14

IPAC professionals shall participate in the development of the health care organization's IPAC educational programs using the principles of adult teaching and learning.

[Reference: IPAC Standard, section 2.2.3]

INDICATOR: The IPAC team actively participates in the development, coordination, revision and delivery of IPAC training.

QUALITY: Standardized IPAC educational programs are flexible enough to provide learning experiences for individuals with a wide range of educational backgrounds, languages, ages and ethnicities.

Document Review: A positive finding includes at least TWO of the following:

- Members of the IPAC team are involved in the development and delivery of IPAC education in the health care organization.
- The organizational IPAC education plan is developed by:
 - assessing learner needs;
 - setting clear goals and measurable objectives;
 - considering setting, content, format, teaching materials that enhance learning for adults;
 - establishing a climate conducive to learning;
 - preparing an evaluation;
 - implementing, evaluating and annually reviewing/revising the program.
- IPAC education is conducive to adult learning:
 - IPAC educational materials are appropriate to adult learning.
 - Teaching methodologies are sensitive to language, cultural background and educational level.
 - Educational materials are standardized to ensure ease of use and consistency.
 - Teaching formats are varied through the use of video and computer technology, group discussions with IPAC professionals and practical demonstrations.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC educational materials/activities
IPAC awareness campaign materials, brochures, records, "just in time"/continuing education
IPAC core competency training materials

AND

Interviews:

SAMPLE Interview Question: *Have you been involved in the development and delivery of IPAC education in your organization?*

A positive response includes at least ONE of the following:

PERSONS TO INTERVIEW:

IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- IPAC staff indicate that they have been involved with the development and delivery of IPAC education.
- IPAC staff indicate that they have opportunities to collaborate in the development of all IPAC training for other departments in the organization.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #14 MET:

YES
SCORE: 4
MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 15

There shall be an IPAC orientation program provided to new staff, service providers and volunteers carrying out IPAC-related duties in the health care organization.

[Reference: IPAC Standard, section 2.2.4]

INDICATOR: Staff orientation programs include an IPAC component.

QUALITY: Staff are made aware of IPAC-related standards of practice and core competencies on entry to the organization, during the orientation period.

Document Review: A positive finding includes ALL of the following:

- All new staff receive IPAC education/orientation as soon as possible after hire.
- IPAC staff present IPAC education at orientation.
- The content of orientation programs for new staff, physicians, volunteers, contractors and students includes an IPAC component (e.g., core competencies (see standard #13), immunization, work restrictions due to infection, health care-associated infections and other essential IPAC information).
- There is a review process to ensure that the IPAC orientation program is updated as required.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC orientation materials,
patient/visitor IPAC education
materials
IPAC core competency training
materials
IPAC educational materials/activities,
attendance records
Departmental education/training
records

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#15 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 16

IPAC education shall be regularly evaluated and the education program revised accordingly.

[Reference: IPAC Standard, section 2.2.5]

INDICATOR: There is a process to evaluation IPAC education to determine the need for revision in content, delivery and/or scope.

QUALITY: IPAC educational programs meet the needs of the audience for which they are given.

- Document Review: A positive finding includes at least THREE of the following:
- IPAC educational content is reviewed and revised periodically in relation to:
 - consistency with current guidelines and best practice;
 - organizational quality objectives;
 - recommendations from outbreak reports;
 - recommendations from IPAC process audits;
 - incident investigations related to IPAC.
 - Post-education IPAC evaluation methods are used to indicate whether IPAC educational programs meet the needs of the audience(s) for which they are given.
 - Data from staff feedback is used to revise IPAC education programs.
 - IPAC education may be provided by external individuals with IPAC expertise if such expertise is not available within the health care organization.
 - Processes have been put in place to incorporate experiences external to the organization in relation to IPAC education (e.g., outbreaks).

AND

Interviews: **SAMPLE Interview Question: *Is IPAC education current and applicable to your work?***

- A positive response includes at least TWO of the following:
- Results of recent audits of practices and monitoring of care practices are incorporated into education.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC educational materials/activities, attendance records, evaluation forms
IPAC core competency training materials
Departmental education/training records
IPAC quality/risk improvement activities, action plans
IPAC surveillance program surveillance reports, audits, action plans
IPAC awareness campaign materials, records, "just in time"/continuing education

PERSONS TO INTERVIEW:

Managers
Staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- The organization monitors compliance with IPAC protocols and procedures and makes improvements to the education program based on these results.
- Incident investigations related to IPAC (e.g., blood and body fluid exposures) may be used to inform IPAC education.
- Feedback on education information and materials is obtained from users (including patients) and used to revise those materials or produce new materials.
- IPAC education is provided in a timely manner.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#16 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 17

The health care organization shall support continuing professional development and provide resources for continuing learning for infection control professionals.

[Reference: IPAC Standard, section 2.2.6]

INDICATOR: The health care organization's ICP(s) has/have attended or participated in approved IPAC education within the last three years as part of their ongoing training in IPAC.

QUALITY: Infection control professionals (ICPs) consistently utilize learning and development opportunities and solutions to improve and update their IPAC knowledge.

Document Review: A positive finding includes ALL of the following:

- The organization provides continuing professional learning resources to IPAC staff (e.g., on-line courses, videoconferences, webinars).
- IPAC staff are able to liaise with their peers for information and resource sharing (e.g., IPAC staff are members of their local IPAC Canada chapter).
- IPAC staff have attended at least one IPAC course, seminar, workshop or conference in the past three years.

AND

Interviews:

SAMPLE Interview Questions:

1. What courses/conferences/educational events has your organization supported you to attend in order to keep current in IPAC principles and practices?

A positive response includes the following:

- The ICP can describe recent courses/conferences/educational events they have taken and how the courses have benefited them to remain current in IPAC principles and practices relevant to their responsibilities.

2. Have you been involved in a self-assessment of your IPAC knowledge and skills as it relates to IPAC Canada's professional and practice standards?

A positive response includes at least ONE of the following:

- The ICP can describe their evaluation of their IPAC knowledge and skills as part of the organization's performance review process and

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC educational materials/activities, attendance records, evaluation forms, course certificates
IPAC staff performance appraisal forms, protocols, requirements
IPAC staff education records, IPAC staff self-audits

PERSONS TO INTERVIEW:

IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

how IPAC Canada's professional and practice standards have been used in this process.

- The ICP can describe using the IPAC Canada's self-assessment audit tool to evaluate their knowledge and skills and what steps they have taken to improve areas of deficiency.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#17 MET:**

YES

SCORE: 5

HIGH RISK

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.2 IPAC Education

STANDARD 18

The health care organization shall communicate relevant information about minimizing infection risks to patients, caregivers and visitors.

[Reference: IPAC Standard, section 2.2.7]

INDICATOR: Patients with a health care-associated infection are informed of their infection and the implications for their care. They have access to up-to-date, accurate and easy to understand information about HAIs, provided in a suitable format.

QUALITY: Written and audiovisual educational materials on IPAC prevention activities are easily accessible and available to patients and visitors.

- Document Review:** A positive finding includes at least THREE of the following:
- Patient information is provided about Routine Practices, Additional Precautions, hand hygiene and PPE in a format that is easy to understand.
 - Patients with a health care-associated infection receive information about the infection from clinical staff.
 - There is a feedback mechanism for patients and caregivers, such as:
 - patient surveys about IPAC knowledge (e.g., hand hygiene);
 - patient surveys about communication received regarding their health care-associated infection;
 - input into IPAC information that is received;
 - formal methods for patients to ask questions and voice concerns (e.g., suggestion boxes, patient ombudsman, letter writing).
 - Data from patient feedback is used to revise patient education and information.
 - Patient IPAC educational requirements are considered when the website, newsletters, fact sheets, admission information and other sources of IPAC educational information resources are being designed and revised.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program protocols/procedures
IPAC-related signage/posters
Patient care committee meeting minutes, protocols/procedures
Patient surveys, post-discharge questionnaires, ombudsman reports
IPAC external website materials, IPAC social media
Media reports
Patient/visitor IPAC education materials (e.g., brochures, fact sheets)

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AND

Interviews:

- The principles of adult learning are used with developing IPAC information for patients, caregivers and visitors.

SAMPLE Interview Question: *What IPAC information has been provided to patients to minimize infection risks?*

A positive response includes at least THREE of the following:

- Patients have been informed of their infection and strategies to prevent transmission to others.
- Patients are given written materials regarding specific types of infection (e.g., fact sheets on MRSA).
- At admission, patients receive written materials about infection prevention.
- Patients are encouraged to ask questions about their infection risks.
- The health care organization provides IPAC information to patients through closed circuit TV channels and/or the organization's website.
- Patients and their caregivers receive instruction on proper hand hygiene and, when indicated, personal protective equipment.

PERSONS TO INTERVIEW:
 IPAC staff
 Clinical staff
 Patients
 Caregivers

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #18 MET:

YES
 SCORE: 4
MODERATE RISK

NO
 SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 19

The health care organization shall have an IPAC surveillance program that addresses the organization's population-at-risk.

[Reference: IPAC Standard, section 2.3.1]

INDICATOR: The health care organization's IPAC surveillance program addresses applicable regulations, mandatory reporting requirements, organizational priorities and is evidence-based.

QUALITY: It is an expectation of people visiting, or receiving treatment in, health care organizations that the organization monitors infection rates and they can expect the organization to close beds, or to close a unit to visitors, in response to an outbreak.

Document Review: A positive finding includes ALL of the following:

- There is documented senior management support for the organization's surveillance program.
- Organizational risk assessments are conducted to establish priorities for the surveillance system in specific clinical areas and specialties (e.g., assessment of types of patients served, key medical interventions and procedures that are carried out, types of infections for which patients are at most risk).
- The health care organization has a formal IPAC surveillance program based on an organizational risk assessment that includes but is not limited to:
 - Clear goals and objectives
 - Identification of risk population for infection
 - Standardized definitions of infection
 - Data collection methods
 - Processes for data analysis
 - Processes for dissemination of surveillance data
- The IPAC surveillance program complies with:
 - Legislated requirements
 - Mandatory reporting requirements
 - Organizational priorities
 - Accreditation standards

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC committee minutes, terms of reference
Senior management meeting minutes
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans
IPAC quality/risk improvement activities, action plans, quality/risk meeting minutes

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#19 MET:**

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 20

The surveillance program shall be adequately resourced and managed by trained staff with dedicated time and appropriate tools to carry out the program.

[Reference: IPAC Standard, section 2.3.2]

INDICATOR: The IPAC surveillance program is administered by trained staff with resources and protected time to fulfill the needs of the program.

QUALITY: There is an active, ongoing, adequately resourced IPAC surveillance program in place to monitor health care-associated infections in the health care organization.

Document Review: A positive finding includes ALL of the following:

- IPAC staff receive training in surveillance, epidemiology, data processing, statistical analysis and risk assessment as necessary to develop and maintain the IPAC surveillance program.
- IPAC staff are allotted sufficient time to develop and carry out the IPAC surveillance program.
- The IPAC team has electronic and paper resources necessary to carry out the IPAC surveillance program (e.g., computers, electronic database programs, data collection forms, automated statistical software packages, statistics texts).

AND

Interviews: **SAMPLE Interview Question: *Do you have the time and resources allocated to carry out a functional surveillance program?***

A positive response includes at least FOUR of the following:

- Education and training in surveillance, epidemiology and statistics is provided to IPAC staff.
- IPAC staff are allocated dedicated time for surveillance activities.
- The time allocated for surveillance is sufficient to meet the needs of the program.
- Electronic resources (computers, statistical software, database software) are provided for the surveillance program.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC committee minutes, terms of reference, communications, records
Senior management meeting minutes
IPAC surveillance program protocols/procedures, action plans, statistical resource texts, statistics software
IPAC educational materials/activities, attendance records, evaluation forms, course certificates

PERSONS TO INTERVIEW:

IPAC staff and/or epidemiologist

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#20 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 21

The health care organization shall follow targeted outcome indicators of significance to the organization's services. Legislated requirements shall be fulfilled.

[Reference: IPAC Standard, section 2.3.3]

INDICATOR: Targeted outcome surveillance results are used to measure key patient outcomes that can be attributed to care provided in the health care organization.

QUALITY: IPAC outcome surveillance is used to identify clusters and outbreaks (i.e., increases above baseline levels), to compare infection rates to external benchmarks and to measure internal improvement over time.

Document Review: A positive finding includes ALL of the following:
There is a defined surveillance program for targeted outcome indicators that includes:

- Determining which measurable IPAC outcome indicators are to be tracked (e.g., infection rates) based on population-at-risk;
- Ensuring that outcome indicators required by legislation, government agencies and accreditation are included in surveillance;
- Using of standardized case definitions for infection;
- Determining sources of infection data;
- Implementing methods of statistical measurement for analysis;
- Reporting indicators at defined intervals to clinical managers and senior management for follow-up.

AND

Interviews: **SAMPLE Interview Question: *How is management made aware of health care-associated infection rates in the health care organization?***

A positive response includes at least TWO of the following:

- The results of IPAC outcome surveillance are reported on a regular basis (e.g., monthly, quarterly, annually) to the IPAC committee.
- The results of IPAC outcome surveillance are reported on a regular basis (e.g., monthly, quarterly, annually) to senior management.
- Clinical managers receive information about health care-associated infections relating to their department/specialty.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program goals/objectives
IPAC committee minutes, terms of reference, communications, memos, records
Senior management meeting minutes
IPAC surveillance program protocols/procedures, outcome surveillance reports, audits, risk assessments, action plans
IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports
Infection report forms for clinical areas (e.g., central line insertion data, post-surgical infection report forms)
Accreditation documentation, reports, recommendations

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Surgeons receive information relating to their surgical infection rates.
- The results of some IPAC outcome indicators are reported publicly on the organization's website.

PERSONS TO INTERVIEW:

IPAC manager
IPAC staff
Senior management
Clinical managers

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#21 MET:**

YES
SCORE: 4

**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 22

The health care organization shall have data collection methods in place to promptly detect health care-associated infection (HAI) trends.

[Reference: IPAC Standard, section 2.3.3]

INDICATOR: Data collection methods are in place to provide the surveillance program with reliable information on health care-associated infections (HAIs) in the health care organization.

QUALITY: HAIs and outbreaks are promptly detected.

Document Review: A positive finding includes ALL of the following:

- There is access to admission, pharmacy, dialysis, operating room, diagnostic imaging, microbiology and other data relevant to the IPAC surveillance program indicators, including access to computerized databases.
- There is access to an accredited microbiology laboratory that supports the surveillance plan by reporting all significant microbiological infections in a convenient and accessible format in order to facilitate the identification of HAIs by IPAC staff.
- Staff and service providers report HAIs to the IPAC team.
- There is access to admission data to identify patients admitted with communicable diseases.

AND

Interviews:

SAMPLE Interview Question: *How do you notify infection prevention and control about a health care-associated infection or a possible outbreak?*

A positive response includes at least THREE of the following:

- The Microbiology laboratory produces surveillance reports based on the needs of the IPAC program (e.g., lists of patients with multidrug-resistant microorganisms or other significant isolates).
- Report forms are available for clinical staff to document new health care-associated infections in patients on the unit/treatment area.
- There is a process to collect data on post-operative infections.

SAMPLE DOCUMENTS TO REVIEW:

IPAC surveillance program protocols/procedures, outcome surveillance reports, audits
Infection report forms for clinical areas (e.g., central line insertion data, post-surgical infection report forms)
Admissions/discharge protocols/procedures, screening forms
Shared electronic data bases, surveillance data and information
Microbiology lab protocols/procedures, Microbiology reports, data links, surveillance reports developed for IPAC

PERSONS TO INTERVIEW:

Clinical staff
Microbiology staff
IPAC staff
Admitting staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- There is a process to notify the IPAC team when a patient is admitted with a multidrug-resistant pathogen.
- There is a process to notify the IPAC team when a patient who is screened on entry to emergency exhibits risk factors for an emerging infectious disease.
- Electronic databases from other clinical departments may be accessed by IPAC staff.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#22 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 23

Standardized definitions for HAIs shall be used for internal outcome surveillance and for comparisons with external benchmarks.

[Reference: IPAC Standard, section 2.3.3]

INDICATOR: In order to compare infection rates, both within a health care organization and against external benchmarks, standardized definitions for infections are used.

QUALITY: The Canadian Nosocomial Infection Surveillance Program (CNISP) has published definitions for health care-associated infections currently under surveillance across Canada.

Document Review: A positive finding includes BOTH of the following:

- Evidence-based, standardized surveillance definitions for infection are used for outcome surveillance to facilitate comparisons with internal data.
- When comparing the organization's infection rates with external benchmarks (e.g., NHSN, CNISP), surveillance definitions are the same as those used by the external agency.

AND

Interviews: **SAMPLE Interview Question: *Are IPAC surveillance definitions standardized and used consistently to define health care-associated infections?***

A positive response includes at least TWO of the following:

- Standardized definitions are used to define health care-associated infections in the organization.
- Standardized definitions are written as part of the surveillance program's protocols and procedures.
- Standardized definitions are based on evidence-based definitions available from the scientific literature.
- Standardized definitions are based on definitions available from provincial or national agencies.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC surveillance program protocols/procedures, outcome surveillance reports
Infection report forms for clinical areas (e.g., central line insertion data, post-surgical infection report forms)
Outbreak management team (OMT) protocols/procedures, line listing forms
Microbiology reports, data links, surveillance reports developed for IPAC
IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports

PERSONS TO INTERVIEW:

IPAC staff and/or epidemiologist

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#23 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 24

The health care organization shall follow targeted process indicators of significance to the organization. Legislated requirements shall be fulfilled.

[Reference: IPAC Standard, section 2.3.4]

INDICATOR: Targeted process surveillance / audits of practice are routinely done to verify that procedures and/or standards of practice are being followed.

QUALITY: The requirement for auditing IPAC in health care has always been present, but has become critical in recent years as programs strive to achieve their patient safety goals and comply with accreditation standards.

Document Review: A positive finding includes ALL of the following:

- IPAC-related process audits are targeted and are based on key processes relevant to the health care organization's goals and objectives (e.g., hand hygiene is monitored, equipment reprocessing is audited).
- IPAC audits of practice are conducted and results reported at defined intervals and according to provincial, legislated and accreditation requirements.
- IPAC audits of practice reports and recommendations result in action plans for improvement.

SAMPLE DOCUMENTS TO REVIEW:

- IPAC program protocols/procedures
- IPAC program goals/objectives
- IPAC committee minutes, terms of reference, communications, memos, records
- Senior management meeting minutes
- IPAC surveillance program protocols/procedures, process surveillance reports, audits, risk assessments, action plans
- IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports
- Accreditation documentation, reports, recommendations

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#24 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 25

The health care organization shall apply epidemiological principles to surveillance data to investigate the source/cause of HAIs, identify risk factors for infection, analyze trends, identify clusters and outbreaks and make recommendations for improvement based on findings.

[Reference: IPAC Standard, section 2.3.5]

INDICATOR: IPAC staff apply epidemiologic principles and statistical methods, including risk stratification, to identify target populations, analyze trends and risk factors and design and evaluate prevention and control strategies.

QUALITY: Surveillance data is used to inform investigations and make improvements using established epidemiological principles and techniques.

- Document Review:** A positive finding includes at least THREE of the following:
- Results of targeted process and outcome surveillance are collated, analyzed and reported back in a timely fashion.
 - Results generated from surveillance data is used to inform the IPAC program's goals and objectives and the IPAC strategic plan.
 - Surveillance data is analysed using epidemiological principles that allow trends, clusters and outbreaks to be recognized and identify risk factors for infection, including all of the following:
 - Data is described in terms of person, place and time;
 - Risk-adjusted infection rates are calculated (e.g., surgical site infection rates based on surgical class);
 - Infection rates are benchmarked against historical internal data as well as external benchmarks, where available;
 - The source or cause of health care-associated infections are investigated using epidemiological, root-cause, or statistical analysis;
 - Other experts may be consulted, including infectious diseases physicians, medical microbiologists, nurses, public health, or other professionals;
 - The significance of findings is critically evaluated and recommendations for improvement are made based on those findings.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records
IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans
Outbreak management team (OMT) protocols/procedures, reports, minutes, line listing forms, surge capacity plans, records, action plans

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Electronic surveillance programs may be used to assist with the collection, analysis and dissemination of surveillance data.

AND

Interviews:

SAMPLE Interview Question: *How do you use surveillance data that are collected for IPAC purposes?*

A positive response includes at least TWO of the following:

- IPAC data are categorized according to person, place and time.
- IPAC data are used to calculate infection rates.
- Infection rates are shared with stakeholders for discussion and improvement.
- Benchmarks are used for IPAC surveillance comparisons.
- Surveillance analyses are used to inform practice changes.

PERSONS TO INTERVIEW:

IPAC manager

IPAC staff / epidemiologist

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#25 MET:**

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.3 IPAC Surveillance Program

STANDARD 26

The health care organization shall share surveillance information widely and in a timely manner.

[Reference: IPAC Standard, section 2.3.6]

INDICATOR: The health care organization shares trends in health care-associated infections and significant findings with other organizations, public health agencies and the community.

QUALITY: The frequency and location of certain health care-associated infections must be reported to authorities, such as public health agencies. Reporting requirements vary per jurisdiction.

- Document Review: A positive finding includes ALL of the following:
- IPAC surveillance is reported and shared at defined intervals with:
 - Key individuals, departments and functional programs within the health care organization;
 - Key external stakeholders as required (e.g., public health, provincial government, accreditation).
 - IPAC surveillance is shared with the general public via the organization's website according to the organization's policies.
 - There is evidence that IPAC audits are completed and a verbal report given within one week of the audit and a written report given within two weeks of the audit to the person in charge of the area in which the audit took place.
 - Reports of IPAC audits of practice are reviewed by senior management, supervisors etc.
 - Deficiencies resulting from IPAC audits are addressed in a timely manner.

AND

Interviews: **SAMPLE Interview Question: *Are you informed about infection rates and IPAC audit results in your area?***
A positive response includes at least ONE of the following:

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures, goals/objectives
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans
IPAC committee minutes, terms of reference, communications, memos
IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports
IPAC internal website (intranet), electronic discussion boards, electronic messaging to staff
IPAC external website materials
Senior management meeting minutes
IPAC newsletters, bulletins, information messaging systems
Accreditation documentation, reports, recommendations

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Clinical program managers and supervisors can discuss the most common health care-associated infections associated with their respective clinical areas.
- Clinical program managers and supervisors are aware of IPAC process indicators followed in their areas (e.g., staff hand hygiene rates, medical equipment reprocessing indicators).

PERSONS TO INTERVIEW:

Clinical program managers/
supervisors

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#26 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.4 Antimicrobial Stewardship

STANDARD 27

IPAC staff shall actively support antimicrobial stewardship in the health care organization.

[Reference: IPAC Standard, section 2.4]

INDICATOR: Antimicrobial stewardship is practiced in the health care organization, including appropriate selection, dosing, route and duration of antimicrobial therapy.

QUALITY: The primary focus of an antimicrobial stewardship program (ASP) is to optimize the use of antimicrobials to achieve the best patient outcomes, reduce the risk of infections, reduce or stabilize levels of antibiotic resistance, and promote patient safety.

Document Review: If the health care organization does not have a formal ASP, a positive finding includes at least ONE of the following:

- IPAC staff actively support the promotion of antimicrobial stewardship in the health care organization.
- There is a process for monitoring antimicrobial use in the health care organization (e.g., pharmacy, microbiology).

OR

If the health care organization does have a formal ASP, a positive finding includes ALL of the following:

- ASP program protocols and procedures include ASP vision, goals, objectives, decision-making processes, improvement measures and evaluation, including IPAC interventions.
- Terms of reference of ASP committee indicate that a member of the IPAC team is a member of the committee.
- Minutes of ASP meetings indicate that a member of the IPAC team attends meetings and is involved in decision-making.
- ASP reports are a standing item on the infection control committee agenda.
- ARO and *C. difficile* trending from surveillance results are widely communicated and used to inform ASP activities.

AND

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, communications, memos, records, membership
IPAC surveillance program protocols/procedures, process surveillance reports, audits
Outbreak management team (OMT) reports
IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes
Accreditation documentation, reports, recommendations
Microbiology reports, data links, surveillance reports developed for IPAC
ASP protocols/procedures
ASP terms of reference/minutes/reports
Pharmacy protocols/procedures

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Interviews:

SAMPLE Interview Question: *How are IPAC activities within the ASP program used to optimize antimicrobial use and patient safety in the organization?*

A positive response includes at least FOUR of the following:

- IPAC staff actively support the ASP committee (e.g., provide active surveillance reports for antibiotic-resistant organisms (AROs) and *C. difficile*, including analysis and trending).
- IPAC staff share information about AROs and make recommendations to staff, service providers, senior leadership, the governing body and the ASP.
- IPAC staff explain specific interventions that may be used to optimize antimicrobial use.
- IPAC staff perform surveillance for AROs, monitoring and reporting trends over time.
- IPAC uses surveillance data to inform risk assessment and planning for prevention of infection.
- IPAC staff translate surveillance data and infection rates to staff and administrators.

PERSONS TO INTERVIEW:

Senior managers
ASP committee members
IPAC manager
IPAC staff

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#27 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.5 Hand Hygiene Program

STANDARD 28

The health care organization shall have an organization-wide hand hygiene program that includes administrative leadership, protocols, procedures and support.

[Reference: IPAC Standard, section 2.5]

INDICATOR: The health care organization develops and implements an organization-wide hand hygiene program, including the provision of hand hygiene agents that are available at the point-of-care and are easily accessible in other areas, such as washrooms and food service areas.

QUALITY: An organizational hand hygiene protocol and procedure establishes clear standards and expectations for hand hygiene practice, supports the prevention of health care-associated infections and promotes the safety of patients, staff and visitors.

Document Review: A positive finding includes BOTH of the following:

- There is senior administration commitment to the hand hygiene program.
- There are written administrative protocols and procedures relating to the hand hygiene program.

AND

Interviews: **SAMPLE Interview Question: *How do you ensure that staff are performing hand hygiene in the correct manner according to the organization's hand hygiene program requirements?***

- A positive response includes at least TWO of the following:
- Hand hygiene audits are regularly carried out with immediate feedback to staff.
 - Non-nominal hand hygiene audit results are shared with all staff and satisfy legislated and regional reporting requirements.
 - Targets for hand hygiene compliance audits are set by senior management.
 - Staff are evaluated on their understanding of the *4/5 Moments of Hand Hygiene* and demonstration of correct hand hygiene technique.
 - Hand hygiene resources (e.g., educational materials with visible reminders of hand hygiene technique) are available to staff, patients and visitors.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records
IPAC core competency training materials
OHS meeting minutes, communications, memos
Senior management meeting minutes

PERSONS TO INTERVIEW:

IPAC manager
IPAC staff
Senior managers
Departmental managers

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- The organization promotes hand hygiene by champions/role models (e.g., use of printed materials that highlight organizational champions).

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #28 MET:

YES
SCORE: 6
EXTREME RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.5 Hand Hygiene Program

STANDARD 29

There shall be a multidisciplinary approach to the evaluation, selection and purchase of hand hygiene agents.

[Reference: IPAC Standard, section 2.5]

INDICATOR: Hand hygiene products are evaluated and chosen by a multidisciplinary committee that includes IPAC staff.

QUALITY: The implementation of a multifaceted, multidisciplinary hand hygiene product selection and evaluation committee will engage and motivate staff, resulting in sustained improvement in compliance with hand hygiene among health care providers as well as significant reductions in health care-associated infection rates.

Document Review: A positive finding includes at least FOUR of the following:

- There is a multidisciplinary committee that includes IPAC representation to evaluate hand hygiene products prior to purchase.
- Staff readiness and cultural influences are assessed prior to implementing a hand hygiene program.
- Barriers and enablers to the organization's hand hygiene program are reviewed and addressed.
- Staff have the opportunity to trial hand hygiene products (e.g., feel, fragrance, irritancy potential and skin tolerance) prior to purchase.
- There is evidence that desired hand hygiene product specifications are used to evaluate each product under consideration.

AND

Interviews:

SAMPLE Interview Question: *How are you involved in hand hygiene product selection and use to ensure that the organization's hand hygiene program is successful?*

A positive response includes at least THREE of the following:

- There is a documented process used by the organization for hand hygiene product selection.
- Staff are provided with opportunities to trial and comment on hand hygiene products prior to purchase.
- There is evidence that desired hand hygiene product specifications are used by the product selection committee to evaluate each product under consideration.

SAMPLE DOCUMENTS TO REVIEW:

IPAC committee minutes, terms of reference, communications, memos, records, membership

OHS hand care program protocols, reports on staff concerns related to hand care

Purchasing policies/practices, minutes, records, evaluation of IPAC-related products

Evaluation of hand hygiene product trials, hand hygiene product evaluation tools, checklists, survey results

PERSONS TO INTERVIEW:

Front line staff

Departmental managers

Product selection committee members

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Staff have input into hand hygiene product placement.
- There is multidisciplinary input into the hand hygiene education program (e.g., educational and awareness materials for staff, patients, visitors).

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#29 MET:**

YES

SCORE: 3

LOW RISK

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.5 Hand Hygiene Program

STANDARD 30

Hand hygiene resources shall be readily available and accessible at point-of-care.

[Reference: IPAC Standard, section 2.5]

INDICATOR: Clinical staff have point-of-care access to hand hygiene products and other system supports.

QUALITY: An effective hand hygiene program is based on using the right product in the right place at the right time by health care providers who have received education in appropriate hand hygiene indications and techniques, combined with a good hand care program.

Observational Tour: A positive response includes ALL of the following:

- There is easy access to hand hygiene agents at point-of-care.
- Alcohol-based hand rub (ABHR) contains 70 to 90% alcohol and emollients.
- There is access to free-standing hand washing sinks that are dedicated to hand hygiene and not used for other purposes (e.g., disposing of liquids).
- There is hand soap in non-refillable containers at each hand washing sink.
- Educational materials/resources are readily available, including indications for hand hygiene, correct hand hygiene technique and proper hand care.

AREAS TO TOUR:

Clinical areas
Laboratories

AND

At least TWO of the following:

- Hand lotion is compatible with gloves and made readily available to staff in non-refillable containers.
- Dispensers function adequately and deliver an appropriate volume of product.
- Disposable towels (non-irritating) are available in dispensers at hand hygiene sinks.
- Paper towels can be accessed without touching the dispenser/towel roll with the hands.
- Manufacturer product information on hand hygiene products is available to staff (e.g., interactions between hand hygiene products or hand care products and gloves).

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#30 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.5 Hand Hygiene Program

STANDARD 31

Hand hygiene education shall be provided to all individuals working in the health care organization.

[Reference: IPAC Standard, section 2.5]

INDICATOR: The organization has a comprehensive hand-hygiene strategy and provides hand hygiene education to staff, service providers, patients, family member and volunteers.

QUALITY: Educational programs help to support the hand hygiene strategy, protecting patients and staff from acquisition of health care-associated infections.

- Document Review: A positive finding includes BOTH of the following:
- Hand hygiene education occurs on a regular basis.
 - Hand hygiene education is comprehensive and includes **ALL** of the following:
 - indications for hand hygiene;
 - hand hygiene agents and techniques;
 - appropriate selection, limitations and use of gloves;
 - role of Champions and role models in setting an example/motivating staff on proper hand hygiene;
 - management of product dispensing containers;
 - hand care program to promote skin integrity;
 - factors that adversely influence hand hygiene (e.g., issues pertaining to nail enhancements and jewellery);
 - hand hygiene compliance and feedback.

AND

- Observational Tour: A positive response includes the following:
- Staff are able to demonstrate correct hand hygiene procedures.
 - Hand hygiene containers are disposable and not topped up.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC core competency training materials
IPAC educational materials/activities, attendance records, evaluation forms
IPAC awareness campaign materials, brochures, records, "just in time"/continuing education, pre/post-test results
Staff knowledge/practice surveys, focus groups, questionnaires, town halls, suggestion boxes
IPAC-related signage/posters
IPAC surveillance program protocols/procedures, process surveillance reports, audits, risk assessments, action plans,

AREAS TO TOUR:

Clinical areas
Laboratories

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#31 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.5 Hand Hygiene Program

STANDARD 32

There shall be a process to measure hand hygiene compliance that includes monitoring and feedback.

[Reference: IPAC Standard, section 2.5]

INDICATOR: The health care organization has a system in place to support, monitor and promote correct staff hand hygiene behavior.

QUALITY: The organization has structured approaches to hand hygiene performance improvement.

Document Review: A positive finding includes ALL of the following:

- There are written system strategies in place to ensure hand hygiene compliance, such as:
 - Hand hygiene a key priority for the organization.
 - Hand hygiene protocols and procedures deal with measurement of hand hygiene compliance, monitoring, feedback and actions to be taken for non-compliance.
 - Supervisor/managers are actively involved in hand hygiene promotion.
- There are documented measurement strategies to assess staff hand hygiene performance and compliance, such as:
 - directly observed audits of hand hygiene practice
 - indirect data collection, e.g., measuring soap or alcohol-based hand rub use
 - patient surveys on satisfaction with staff hand hygiene practices
 - staff surveys on knowledge of hand hygiene guidelines and reasons for non-compliance
- There is documentation of feedback to staff regarding hand hygiene improvement strategies, such as:
 - Education, timely feedback and reminders are components of structured approaches to hand hygiene performance improvement.
 - Results of the audits, evaluations and surveys are used to make improvements to hand hygiene practices.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program annual report/action plans
IPAC committee minutes, communications, memos, records
IPAC-related signage/posters
IPAC newsletters, bulletins, information messaging systems
IPAC core competency training materials
IPAC educational materials/activities, attendance records, evaluation forms
IPAC awareness campaign materials, brochures, records, "just in time"/continuing education
Staff knowledge/practice surveys, focus groups, questionnaires, town halls, suggestion boxes
Hand hygiene audits, feedback to staff, action plans
Patient satisfaction surveys

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- The organization shares results and recommendations from hand hygiene audit/action plans with staff.
- Staff have input into recommendations to be made to the hand hygiene program.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#32 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.6 Patient Flow

STANDARD 33

IPAC staff shall be involved in decision-making when patient placement, accommodation and flow is hampered by the presence of infectious disease.

[Reference: IPAC Standard, section 2.6]

INDICATOR: IPAC standards for the containment and control of transmissible infections are met with regard to placement, accommodation and flow of patients within the health care organization.

QUALITY: IPAC staff are part of the multidisciplinary patient flow team to ensure appropriate decisions are taken within the limits and constraints of the facility, including unusual contagious events that may impact patient flow (e.g., outbreaks).

Document Review: A positive finding includes at least FOUR of the following:

- There are IPAC protocols and procedures for establishing priorities for single beds.
- Under IPAC direction, patients having the same microorganism are cohorted, when required, to create extra bed capacity.
- IPAC staff:
 - ensure patients who arrive with symptoms of an infectious disease, or who are flagged and may require ongoing screening or additional IPAC precautions, are identified at the time of entry.
 - ensure that health care providers receive timely and accurate data regarding the infection or colonization status of a patient.
 - ensure patients are placed on Additional Precautions when indicated, and identify when Additional Precautions can be discontinued to improve patient flow.
 - work with environmental services to improve bed-cleaning turnaround times.
 - facilitate the transfer of patients on precautions between departments, services and/or external agencies.
 - liaise with community agencies to facilitate discharge of patients with infectious diseases.
 - provide input into the physical design and infrastructure of an organization, to optimize current and future patient flow with respect to infectious diseases.

SAMPLE DOCUMENTS TO REVIEW:
IPAC program protocols/procedures
Admissions and discharge protocols/procedures, screening forms
Patient transfer protocols, forms
Patient flow committee meeting minutes
Emergency room protocols/procedures

AND

Interviews: **SAMPLE Interview Question: *Can you describe what role IPAC staff have with respect to decisions about patient flow in the organization?***

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

A positive response includes at least TWO of the following:

- IPAC staff work with clinical staff and placement services to arrange for alternative accommodations, such as cohorting, that would free beds and eliminate bottlenecks when single rooms are not available.
- IPAC staff frequently review status of patients on Additional Precautions to ensure that precautions are not maintained when unnecessary, thereby eliminating bottlenecks for single rooms.
- IPAC staff provide input into the physical design and infrastructure of an organization to optimize current and future patient flow with respect to infectious diseases.
- IPAC staff liaise with long-term care homes and community agencies to facilitate discharge of patients with infectious diseases.

PERSONS TO INTERVIEW:

Senior management
Departmental managers/supervisors
IPAC staff

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#33 MET:**

YES
SCORE: 6
**EXTREME
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.7 Outbreak Management

STANDARD 34

The health care organization shall have protocols and procedures for outbreak detection, identification, investigation, response and control.

[Reference: IPAC Standard, section 2.7.1]

INDICATOR: An organizational risk assessment is carried out to assess IPAC needs related to the development of outbreak protocols and procedures.

QUALITY: The health care organization has appropriate protocols and procedures to detect, identify, investigate, respond to, and control infectious disease outbreaks.

Document Review: A positive finding includes ALL of the following:

- The health care organization has written outbreak protocols and procedures for the management of outbreaks that are consistent with provincial public health regulations and best practices.
- An organizational risk assessment is carried out to assess IPAC needs related to outbreaks with infections that are spread by different routes (i.e., contact, droplet, airborne) and the capacity of the organization to implement the precautions required for each.
- Outbreak protocols and procedures include the following:
 - specific responsibilities for key personnel/departments both inside and outside of the organization during an outbreak (e.g., senior management, communications, Occupational Health Services);
 - key responsibilities and membership of the Outbreak Management Team (OMT);
 - roles and responsibilities of the IPAC team;
 - steps for reporting and managing an outbreak (e.g., outbreak definitions, contact tracing, enhanced cleaning protocols, unit closure procedures, surge capacity staffing, special purchasing/procurement procedures)
 - a communications plan to provide outbreak information to staff, patients, volunteers, visitors and the community;
 - initiation of Additional Precautions by regulated health care providers when necessary.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Organizational risk assessment and action plans
Outbreak management team (OMT) protocols/procedures, reports, minutes, line listing forms, surge capacity plans, records, action plans

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#34 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.7 Outbreak Management

STANDARD 35

The health care organization shall identify outbreaks of infectious diseases, including sentinel organisms, in a timely manner.

[Reference: IPAC Standard, section 2.7.2]

INDICATOR: The health care organization has a program with the capacity to identify the occurrence of clusters or outbreaks of infectious diseases and report them in a timely manner.

QUALITY: Most outbreaks in health care organizations are detected through routine surveillance, which detects increases in infection rates above the norm for a particular period of time.

Document Review: A positive finding includes ALL of the following:
The IPAC program contains the following elements to detect and manage an outbreak:

- routine surveillance for health care-associated infections (HAIs), to identify increases above the norm;
- timely review of microbiology reports to identify unusual clusters or a greater than usual incidence of targeted microorganisms;
- prompt recognition of sentinel organisms (e.g., anthrax, tuberculosis);
- reporting mechanisms for clinical staff to report clusters or potential outbreaks to the IPAC program at any time, including weekends and holidays;
- outbreaks that occur during weekends and holidays are communicated to IPAC staff for follow-up.

AND

Interviews: **SAMPLE Interview Question: *What actions are expected if you suspect that an outbreak is occurring?***
A positive response includes at least TWO of the following:

- IPAC staff and/or supervisor is/are immediately notified if an outbreak is suspected.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans, statistics software
Microbiology lab protocols/procedures, Microbiology reports, data links, surveillance reports developed for IPAC
IPAC communications protocols for sentinel infection/ infection clusters
IPAC communications procedures for reporting unusual infections or clusters of infections
Infection report forms for clinical areas (e.g., central line insertion data, post-surgical infection report forms)

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Microbiology and clinical leaders have alert systems for the detection and confirmation of unusual clusters.
- Frontline staff are aware of who they can report to if they notice unusual clusters or clinical indications of potential outbreaks.
- There is communication between IPAC and Occupational Health Services if the outbreak involves staff.

PERSONS TO INTERVIEW:

Clinical managers/supervisors
IPAC staff
Microbiology laboratory staff
Occupational Health Services staff

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD

#35 MET:

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.7 Outbreak Management

STANDARD 36

Outbreaks in the health care organization shall be managed by a multidisciplinary team that includes IPAC representation and organizational leadership.

[Reference: IPAC Standard, section 2.7.3]

INDICATOR: Infectious disease incidents and outbreaks are managed through the implementation of a multidisciplinary outbreak management team (OMT).

QUALITY: Infectious disease incidents and outbreaks are best managed by a team that has wide representation from key stakeholders within the health care organization, including IPAC.

Document Review: A positive finding includes at least FOUR of the following:

- There is a written process to determine how members of the outbreak management team (OMT) are chosen for each outbreak based on the nature and location of the outbreak, so that the appropriate departments and functions are represented.
- IPAC staff are represented on the OMT.
- IPAC staff are involved in the development of protocols and procedures for the management of outbreaks.
- All outbreaks include representation from nursing, medicine/surgery, microbiology, occupational health, environmental services, public relations, and administration.
- Other members are added to the OMT based on the location, characteristics and implications of the outbreak (e.g., public health, pharmacy, food services, materials management).
- The roles and responsibilities of each person on the OMT are clearly defined.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
OMT protocols/procedures, reports, minutes, records, action plans

AND

Interviews:

SAMPLE Interview Question: *Can you clearly define your role and responsibilities on the Outbreak Management Team?*

A positive response is achieved if at least SEVEN of the following OMT members clearly understand their role and responsibilities as a member of the OMT.

- IPAC staff (e.g., outbreak epidemiology and statistics, staff education, consultation, advice on control measures)
- Nursing (e.g., patient relocation and cohorting, ensuring the provision of adequate resources/supplies to the outbreak area, such as PPE supplies, timely laundry management, increased staffing)

PERSONS TO INTERVIEW:

OMT members

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Medicine/Surgery (e.g., recommending relevant prophylaxis or treatment, ordering cultures, cancelling surgeries)
- Microbiology (e.g., prompt reporting of new isolates, quick turnaround time)
- Occupational Health (e.g., staff contact tracing, staff immunizations, staff exposures)
- Environmental Services (e.g., increasing environmental cleaning in the outbreak area, increased staffing)
- Public Relations (e.g., ensuring adequate and timely outbreak communication within and outside the organization)
- Administration (e.g., restricting admissions and transfers, closure of units or treatment areas)
- Other member: Department: _____
- Other member: Department: _____

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#36 MET:**

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.7 Outbreak Management

STANDARD 37

Infection control professionals (ICPs) shall be involved in the analysis and evaluation of outbreaks in the health care organization.

[Reference: IPAC Standard, section 2.7.3]

INDICATOR: IPAC is involved with the outbreak process from beginning to the end of the outbreak.

QUALITY: To investigate an outbreak fully and identify all possible cases as well as attempt to identify the source of the outbreak, IPAC staff must have unrestricted access to all necessary information, including medical, nursing, laboratory and administrative records within the health care organization.

Document Review: A positive finding includes ALL of the following:

The IPAC team:

- analyses the information available on the outbreak and seeks further evidence as required to establish its nature and scale, based on epidemiological principles (i.e., characterization of outbreak in terms of person, place, time, reports new cases as they occur daily and provides the necessary analyses of the data).
- informs and involves relevant colleagues and partner organizations about new cases in a timely manner.
- establishes agreement on the control measures to be taken to minimize exposure to hazards and reduce risks to prevent secondary or further spread or exposures.
- ensures that recommendations for improvement on outbreak deficiencies are addressed.
- provides consultation to departments on outbreak management issues.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Outbreak management team protocols/procedures, reports, minutes, records, action plans
IPAC surveillance program protocols/procedures, reports, audits, risk assessments, action plans, statistics software

AND

Interviews:

SAMPLE Interview Question: *What involvement has IPAC had in the organization's outbreak management program?*

A positive response includes at least FIVE of the following:

- Assists in development of outbreak management protocols and procedures.
- Analyses information available on the outbreak to establish its nature and scale.

PERSONS TO INTERVIEW:

Senior management
Members of the OMT
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Informs and involves colleagues and partner organizations in a timely manner.
- Consults with departments on outbreak management issues.
- Develops clear, accurate and timely messaging with colleagues, partner organizations and others.
- Implements control measures, such as closure of an affected unit/department/service area.
- Ensures availability of resources to implement control measures.
- Liaises with Occupational Health Services if outbreak affects staff.
- Provides staff education as required.
- Ensures accurate records of the investigation and management of the outbreak are maintained.
- Audits the organization's activities during the outbreak.
- Provides a summary report of the outbreak with recommendations for future improvements.
- Ensures that recommendations for improvement on outbreak deficiencies are addressed.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#37 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.7 Outbreak Management

STANDARD 38

Access to timely microbiology laboratory reports shall be provided during an outbreak.

[Reference: IPAC Standard, section 2.7.3]

INDICATOR: In an outbreak, the microbiology laboratory is capable of providing timely results to the outbreak management team and, when necessary, has access to typing results for the microorganism causing the outbreak.

QUALITY: Appropriate microbiology laboratory capacity is essential for the detection and investigation of outbreaks.

Document Review: A positive finding includes ALL of the following:

- The microbiology laboratory has protocols and procedures regarding appropriate specimen collection, transport and analyses for bacteria/viruses suspected or proven to be associated with an outbreak.
- There is a process (manual or automated) for providing timely results to IPAC and the outbreak management team (OMT).
- There is a process to ensure that sufficient supplies are available to collect appropriate specimens in a timely fashion.
- There is a process for obtaining access to typing results for the microorganism causing the outbreak, when necessary.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Microbiology lab protocols/procedures, Microbiology reports, data links, surveillance reports developed for IPAC
OMT protocols/procedures, reports, minutes, line listing forms, records, action plans

AND

Interviews:

SAMPLE Interview Question: *How is the laboratory able to support the OMT in an outbreak?*

A positive response includes at least TWO of the following:

- In an outbreak, the microbiology laboratory is capable of providing timely results to the OMT.
- In an outbreak, IPAC staff have ready access to timely laboratory results.
- When necessary, the microbiology laboratory is able to obtain typing results for the microorganism causing the outbreak.
- Laboratory offers advice for collection and transport of specimens during an outbreak.

PERSONS TO INTERVIEW:

Microbiology manager
Microbiology technologists
IPAC staff
OMT team members

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #38 MET:

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.7 Outbreak Management

STANDARD 39

There shall be a communications strategy in place during an outbreak that includes dissemination of timely information and outbreak status, both internally and externally.

[Reference: IPAC Standard, section 2.7.4]

INDICATOR: The health care organization has protocols and procedures for communication and reporting internally to staff, patients and visitors, and externally to public health, other health agencies and the community during an outbreak.

QUALITY: A transparent internal and external communications strategy is essential for the health care organization during outbreaks, to share timely information on outbreak status.

Document Review: A positive finding includes at least FOUR of the following:

- The outbreak management team (OMT) identifies an individual(s) or group for communications regarding outbreaks within the organization.
- Processes are in place within and between organizations to share pertinent information on outbreak activity.
- There is evidence of communication with external partners during an outbreak.
- There is regular communication provided for patients and those in the community regarding the outbreak status of the organization.
- Additional expertise and resources, if required, is obtained (e.g., from public health units, arrangement with experts in IPAC and health care epidemiology, regional/provincial infection control networks and associations, emergency response teams, academic health sciences centres, linkages with other organizations (e.g., IPAC Canada chapters), etc.

SAMPLE DOCUMENTS TO REVIEW:

OMT protocols/procedures, reports, minutes, records, action plans
IPAC-related signage/posters
IPAC internal website (intranet), electronic messaging to staff
IPAC external website materials
Media reports
Patient transfer protocols, forms
IPAC line listing forms

AND

Interviews: **SAMPLE Interview Question: *How do you receive information on the status of an outbreak in your organization?***

A positive response includes at least THREE of the following:

- Departmental meetings and memos
- Public health reports
- Signage, posters inside the health care organization
- Local media reports

PERSONS TO INTERVIEW:

IPAC staff
Front line staff
OMT members

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Organization's website (internal, external)
- Information handouts, flyers

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#39 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.7 Outbreak Management

STANDARD 40

The health care organization shall use the results of outbreak investigations to make improvements.

[Reference: IPAC Standard, section 2.7.5]

INDICATOR: Following an outbreak, the health care organization reviews its IPAC protocols and procedures and makes improvements as needed to prevent or manage a recurrence of the outbreak.

QUALITY: Outbreak recommendations may be minor or extensive and involve local health partners to review and improve the management of major outbreaks.

Document Review: A positive finding includes at least TWO of the following:

- Outbreak reviews / debriefs / lessons learned that identify areas for improvements are prepared and shared with staff.
- Deficiencies from outbreak management team summaries are addressed in a timely fashion.
- IPAC audits are conducted as needed, based on deficiencies identified in outbreak reports.
- IPAC education programs are revised as needed to address deficiencies.

AND

Interviews: **SAMPLE Interview Question: *Can you describe improvements that have been made in your organization in relation to an internal outbreak?***

A positive response includes at least ONE of the following:

- IPAC and departmental protocols and procedures have been reviewed and revised, as necessary.
- Recommendations have been made for additional resources (material and/or human).
- Staff education has been updated/implemented.
- Changes to program protocols or equipment have been implemented.
- The organization works with local health partners to review and improve the management of major outbreaks.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records
IPAC program annual report/action plans
Departmental meeting minutes
OMT protocols/procedures, reports, minutes, surge capacity plans, records, action plans
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans
IPAC quality/risk improvement activities, action plans, quality/risk meeting minutes

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Results of previous outbreak management summaries have been used to make improvements.
- Deficiencies from outbreak management summaries have been addressed in a timely fashion.

PERSONS TO INTERVIEW:

Senior management
Departmental managers/supervisors
IPAC staff

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#40 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.8 Emergencies, Disasters and Major Incidents

STANDARD 41

There shall be a written response plan with input from IPAC to address IPAC issues related to emergencies, disasters and incidents.

[Reference: IPAC Standard, section 2.8.1]

INDICATOR: The health care organization is able to respond effectively to IPAC issues related to emergencies, disasters and threats, such as pandemics, bioterrorism, emerging pathogens (e.g., SARS, Ebola) and natural disasters (e.g., floods), when expanded or extended care capabilities are needed over a prolonged period.

QUALITY: Preplanning is essential for an organization to remain agile in its ability to carry out its functions during challenging situations.

Document Review: A positive finding includes at least TWO of the following:

- There are written, tested plans for a continuous emergency response that recognizes, responds, contains and communicates on issues prioritized by the organization or required by law.
- There is a written IPAC Emergency Plan (that may be part of the overall emergency response) that specifically addresses IPAC-related emergencies, threats and natural disasters, such as pandemics, bioterrorism, loss of potable water or large-scale biological contamination.
- There is a separate IPAC Emergency Plan for each existing facility/site and also for temporary health care sites managed by the health care organization.

AND at least SIX of the following:

The IPAC Emergency Plan includes the following IPAC-specific components:

- IPAC representation on the emergency planning committee;
- defined roles and responsibilities of members of the emergency planning committee;
- forms and templates related to IPAC interventions and responses to emergencies, disasters and major threats;
- surveillance methods to be implemented before, during and after the event;
- movement and care of patients/staff within and outside the organization to prevent the spread of disease;
- plans for wide-scale staff immunization, if required;

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC forms, templates, algorithms and line listings developed for emergencies
Emergency response preparedness guides for departments
Emergency protocols/procedures for loss of potable water, flooding, sewage backup
Emergency response audits, drills and tabletop reports
Emergency response action plans
Emergency response forms, templates, algorithms and line listing forms

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- ability to maintain Routine Practices activities and provision of emergency supplies as needed, such as hand washing/hand hygiene facilities and adequate supplies of PPE (gloves, gowns, masks, eye protection);
- IPAC staffing processes/management (staff call back procedures, staff shortage strategies, reassignment and cross-training of staff to assist with IPAC activities);
- additional staff education and training requirements as needed;
- resources available in the community for obtaining additional information relating to IPAC, e.g., public health, individuals from other health care organizations with IPAC expertise, infectious disease physicians;
- flexibility and surge capacity for environmental services activities when dealing with emerging pathogens or wide scale contamination issues, such as floods and sewer backups;
- food safety issues when there is loss of potable water and/or electricity.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #41 MET:

YES
SCORE: 4
MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.8 Emergencies, Disasters and Major Incidents

STANDARD 42

The emergency management committee shall have IPAC representation to address specific issues related to the prevention and control of infections during the emergency.

[Reference: IPAC Standard, section 2.8.2]

INDICATOR: The health care organization's emergency management committee has IPAC representation.

QUALITY: IPAC staff have an active role to play in emergency and disaster planning in the health care organization.

Interviews:

SAMPLE Interview Question for Emergency Management Committee members and IPAC staff: *What is the role of IPAC on the Emergency Management Committee?*

A positive response includes at least FOUR of the following:

- evaluating the thoroughness and effectiveness of the organization's existing IPAC program related to emergency, disaster and incident planning and response;
- assessing the information available on the IPAC-related the emergency/disaster/incident and seeking any necessary further evidence to establish its nature and scale;
- providing information, expertise and education on the infectious agent(s) responsible for the IPAC-related emergency/disaster/incident to the organization's leaders and staff;
- establishing agreement on the IPAC control measures to be taken to minimize exposure to IPAC hazards, to reduce risks and to prevent further spread or exposure;
- informing and involving relevant colleagues and partner organizations, as required, in a timely manner consistent with emergency/disaster plans;
- liaising with other IPAC- related experts in the management of the emergency/disaster/incident;
- preparing or consulting on the preparation of education materials for staff, volunteers, patients, visitors and others in the organization.

PERSONS TO INTERVIEW:

Emergency management committee
Senior management
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#42 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.8 Emergencies, Disasters and Major Incidents

STANDARD 43

The emergency response plan shall include IPAC-related emergency response training and exercises appropriate to staff responsibilities and ensure that adequate resources are available for the training for all working staff.

[Reference: IPAC Standard, section 2.8.3]

INDICATOR: Resources are in place to provide IPAC-specific training in IPAC-related emergencies, disasters and threats, such as pandemics, bioterrorism, emerging pathogens (e.g., SARS, Ebola) and natural disasters (e.g., floods), when expanded or extended care capabilities are needed over a prolonged period.

QUALITY: IPAC-related emergency response training deals with specific training required to implement the IPAC emergency response plan within the health care organization.

Document Review: A positive finding includes ALL of the following:
The IPAC-related emergency, disaster and incident response plan training and exercise program includes:

- regularly planned drills, such as implementation of the IPAC emergency response plan, review of the emergency response plan at meetings, tabletop review, practice drills, etc.;
- maintenance of IPAC emergency response training records;
- communication of IPAC emergency response training recommendations for improvement, e.g., debriefing with staff following drills/exercises;
- recommendations for improvement are incorporated into the IPAC emergency response plan and deficiencies are addressed in a timely manner.

SAMPLE DOCUMENTS TO REVIEW:

- IPAC program protocols/procedures
- Emergency response meeting minutes, terms of reference
- Emergency response communications, memos, audits
- Emergency response audits, drills and tabletop reports
- Emergency response preparedness guides for departments
- Emergency response action plans

AND

Interviews: **SAMPLE Interview Question:** *What training have you received to prepare you for an emergency relating to IPAC, such as an epidemic, bioterrorism or a natural disaster resulting in significant biological contamination, such as a flood?*

A positive response includes at least FOUR of the following:

- knowledge of written and oral reporting pathways to report IPAC issues related to emergencies, disasters and incidents to immediate supervisor;
- knowledge of the organization's reporting procedures for staff related to IPAC-related incidents and illnesses;

PERSONS TO INTERVIEW:

- Staff in patient care areas
- Managers in patient care areas

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- regular training in the use of Routine Practices and Additional Precautions, including the use of specialized personal protective equipment (PPE), such as respirators, and how to perform hand hygiene in the absence of water;
- attend and participate in emergency response drills;
- provide input on emergency response drills - both successes and deficiencies - and provide suggestions for improvement;
- awareness of how to access emergency response information/assistance regardless of shift, day of week, etc.;
- knowledge of how to obtain additional IPAC supplies (PPE, hand hygiene products) when supplies run out;
- staff have received cross-training in other disciplines in case of staff shortages (e.g., porters may need to do environmental cleaning).

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#43 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 44

The health care organization's leaders shall provide support for IPAC-related health and safety requirements as a strategic priority within the organization and ensure that IPAC program protocols and procedures are incorporated into the fabric of the work environment.

[Reference: IPAC Standard, section 2.9.1]

INDICATOR: Senior management participates in defining, updating and ensuring that the health care organization's Occupational Health Services (OHS) program has in place current health and safety policies and procedures related to IPAC for staff, including contracted staff and volunteers.

QUALITY: As a strategic priority, the health care organization's leaders participate in defining how a healthy and safe work environment is promoted within the health care organization, and provide support for IPAC involvement in safe work environment improvement activities.

- Document Review:** A positive finding includes at least THREE of the following:
- There is a written OHS/IPAC protocol document for the organization that is developed jointly between OHS and IPAC that contains:
 - a declaration of management commitment to staff health and safety related to IPAC;
 - overall goals and objectives of the organization as they relate to staff health and safety related to IPAC;
 - general responsibilities of managers, supervisors, workers and contractors regarding health and safety related to IPAC.
 - IPAC issues affecting OHS are discussed and reflected in IPAC committee meeting agendas and minutes.
 - Senior managers tour the facility to review health and safety issues related to IPAC practices and to reinforce health and safety related to IPAC practices and behaviors.
 - The Board/Senior Management is updated by the health care organization's managers on IPAC-related healthy and safe work environment priorities and progress toward achieving these organizational priorities.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records, membership
OHS protocols/procedures related to IPAC
OHS meeting minutes, terms of reference, communications, memos
OHS inspection records
Organizational strategic plan/annual report
Senior management meeting minutes

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AND

Interviews:

SAMPLE Interview Question: *How does your organization's leaders communicate and model IPAC health and safety requirements throughout the organization?*

A positive response includes at least THREE of the following:

- IPAC responsibilities are included in management/supervisor job descriptions.
- Supervisors demonstrate positive reinforcement of IPAC issues to staff.
- IPAC issues are discussed at departmental meetings.
- IPAC expectations are discussed during staff and management/supervisor performance reviews.
- The organization actively promotes IPAC champions and role models.
- IPAC is actively showcased through signage (e.g., posters, pins), displays, information sessions, etc.

PERSONS TO INTERVIEW:

Managers/supervisors
Staff

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#44 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 45

Health and safety protocols relating to the IPAC program comply with relevant legislation, guidelines and best practices.

[Reference: IPAC Standard, section 2.9.2]

INDICATOR: The health care organization's Occupational Health and Safety (OHS) program has in place current health and safety protocols and procedures related to IPAC for staff, including contracted staff and volunteers, that comply with legislation, guidelines and best practices.

QUALITY: The IPAC program supports a healthy and safe work environment that is in compliance with regulations and best practices.

Document Review: A positive finding includes ALL of the following:
There are written OHS protocols and procedures that:

- comply with organization's own health and safety standards related to IPAC
- comply with applicable IPAC-related government regulations, guidelines and best practices and are appropriately referenced/cited (e.g., respiratory protection, hand hygiene, personal protective equipment, communicable disease exposure)
- include a process for reportable diseases to be reported to public health

SAMPLE DOCUMENTS TO REVIEW:
IPAC program protocols/procedures
OHS protocols/procedures related to IPAC

AND

Interviews: **SAMPLE Interview Question: *How is the IPAC component of OHS policies developed?***

A positive response includes BOTH of the following:

- IPAC staff are actively involved in the development of OHS protocols and procedures that relate to IPAC (e.g., respiratory protection, hand hygiene, personal protective equipment, communicable disease exposure).
- Legislation, guidelines and best practices related to IPAC are incorporated into OHS protocols and procedures and are referenced/cited.

PERSONS TO INTERVIEW:
OHS staff
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#45 MET:**

YES

SCORE: 5

HIGH RISK

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 46

The IPAC component of the Occupational Health Services (OHS) program shall be developed jointly by OHS and IPAC staff.

[Reference: IPAC Standard, section 2.9.2]

INDICATOR: IPAC and OHS programs must work collaboratively and closely to decrease the risk of health care-acquired infections in patients and staff.

QUALITY: The OHS and IPAC program work collaboratively to develop protocols and procedures that have IPAC implications for staff, such as placement evaluations, healthy workplace programs, etc.

Document Review: A positive finding includes ALL of the following:

- Both a formal and an informal communications process have been established between IPAC and OHS.
- There is OHS representation on the IPAC committee and IPAC representation on the OHS committee.
- Nominal data is shared between IPAC and OHS during outbreaks, exposures and other events that involve both departments.
- IPAC and OHS collaborate on:
 - assessment of disease communicability among staff;
 - management of health care workers who have been exposed to infectious diseases;
 - safe handling of sharps and biohazardous materials;
 - education and training in Routine Practices, including hand hygiene, respiratory protection and the correct use of PPE; and
 - implementation of a hand hygiene and hand care program (e.g., review hand care assessment and follow-up protocols, such as management of dermatitis that has an IPAC risk).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records, membership
OHS meeting minutes, terms of reference, communications, memos
OHS protocols/procedures related to IPAC
Outbreak management team (OMT) protocols/procedures, reports, minutes
Post-exposure follow-up protocols
IPAC educational materials/activities, attendance records
Departmental education/training records

AND

Interviews:

SAMPLE Interview Question: *In what ways, either formal or informal, do IPAC and OHS collaborate together to address OHS issues that have an IPAC component?*

A positive response includes at least SIX of the following:

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- There is IPAC representation on the health care organization’s Health and Safety Committee, with IPAC issues affecting OHS included on the Health and Safety Committee’s agenda.
- IPAC acts as an expert resource in response to IPAC-related staff incidents, complaints and claims.
- IPAC is involved in exposure and outbreak management and contact tracing.
- IPAC has had input into the post-exposure prophylaxis program.
- IPAC has had input into attendance management and return to work policies and programs related to infectious diseases.
- IPAC is involved when staff are considered for work restrictions related to infectious diseases (e.g., contact dermatitis, conjunctivitis, diarrhea).
- IPAC promotes the organization’s annual influenza vaccine program.
- IPAC participates in orientation and staff education regarding prevention of blood borne pathogen exposures and access to timely post-exposure prophylaxis and follow-up.
- IPAC has input into considerations for pregnant and immunocompromised health care providers related to infectious diseases.

PERSONS TO INTERVIEW:
 Senior management
 IPAC staff
 OHS staff

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #46 MET:

YES

SCORE: 4

MODERATE RISK

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 47

There shall be a process for evaluating health care workers for communicable diseases at hire, following exposure and additionally as required. This process will include a means to maintain documentation of immunity status.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: At the time of employment, all staff are evaluated by Occupational Health Services (OHS) for conditions relating to communicable diseases that can be spread in the health care organization.

QUALITY: There is a close liaison between IPAC and OHS to ensure proper exposure and outbreak management, including staff contact tracing and incident investigation.

Document Review: A positive finding includes BOTH of the following:

- There are written protocols and procedures related to staff exposure to communicable diseases (such as chickenpox) that are developed collaboratively by OHS and IPAC.
- Counselling is provided to staff who have been exposed to a communicable disease.

AND at least FOUR of the following:

- Information on the post-exposure process is provided at new staff orientation.
- Staff are provided with information on how to prevent exposure to IPAC-related job risks during the health assessment at hire.
- IPAC is included in incident investigation and reporting of IPAC-related exposures to communicable diseases.
- Recommendations for work restrictions due to communicable disease exposures, if applicable, are documented in staff records and communicated to supervisors.
- Standardized post-exposure reporting forms/tools are readily available with instructions on their use.
- There is a written communication plan between OHS and IPAC departments, as well as outside agencies, such as public health and family physicians, to ensure that proper post-exposure management occurs.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
OHS protocols/procedures related to IPAC
Pre-placement staff health assessment protocols, forms related to IPAC
Orientation training materials developed by OHS and IPAC
Post-exposure follow-up protocols, forms, reports, tools, communication process
Incident investigations/communicable disease exposure reports

AND

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Interviews:

SAMPLE Interview Question: *Do you know the steps for reporting an exposure to a communicable disease, such as chickenpox?*

A positive response includes the following:

- Staff know how to report an exposure to a communicable disease and who to report it to.

PERSONS TO INTERVIEW:

Health care workers working in clinical/patient areas

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#47 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 48

There shall be a process to evaluate potential IPAC risks in the workplace and to ensure that controls are in place to manage the risks.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: There is a system in place to identify IPAC risks associated with staff jobs and tasks in order to protect staff from communicable diseases.

QUALITY: An organizational risk assessment will identify IPAC risks inherent in the health care organization and in specific tasks, in order to put in place engineering controls, protective equipment and/or staff training in the risk and avoidance measures.

Document Review: A positive finding includes ALL of the following:

- There is documented evidence that Occupational Health Services (OHS) and IPAC work collaboratively to identify, manage and control IPAC-related job risks.
- There is evidence that management has assessed IPAC job risks and has implemented controls as required (e.g., engineering controls, such as safety-engineered needles, fume hoods, construction hoarding), administrative controls (e.g., policies and procedures), PPE controls (e.g., gloves, gowns, masks, protective eyewear).
- There is evidence that staff are provided with information on how to respond to IPAC-related job risks in staff health programs and IPAC programs (e.g., how to report blood and body fluid exposures and occupational dermatitis, proper use of hand hygiene products, proper PPE use, proper application of Routine Practices and Additional Precautions).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records, membership
OHS protocols/procedures related to IPAC
OHS meeting minutes, terms of reference, communications, memos
Post-exposure follow-up protocols, forms, reports, tools, communication process
Pre-placement staff health assessment protocols, forms related to IPAC
IPAC educational materials/activities, attendance records, evaluation forms
IPAC orientation materials
IPAC core competency training materials

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#48 MET:**

YES
SCORE: 4

**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 49

There shall be a vaccination protocol and procedure for health care workers.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: The health care organization has an immunization program in place to screen and offer appropriate vaccinations to staff, physicians and others who work in the organization, to protect them from occupationally-relevant communicable diseases.

QUALITY: At the time of employment, all staff are evaluated by Occupational Health Services (OHS) for conditions relating to communicable diseases that can be spread in the organization, and for periodic/annual vaccinations.

Document Review: A positive finding includes BOTH of the following:

- Immunization programs follow provincial and federal guidelines, such as those produced by the National Advisory Committee on Immunization.
- There is a vaccination protocol/procedure for staff, physicians and others who work in the organization.
- There are immunization records for all staff, physicians and others who work in the organization.
- Information on vaccination status is easily accessible and kept in a confidential, electronic database.
- Adequate resources are in place in order to implement an annual influenza vaccine program.

SAMPLE DOCUMENTS TO REVIEW:

OHS protocols/procedures related to IPAC

OHS meeting minutes, terms of reference, communications, memos

Pre-placement staff health assessment protocols, forms related to IPAC

Staff immunization program records/forms

Annual influenza vaccine program materials

IPAC orientation materials

IPAC staff education records Post-exposure follow-up protocols, forms, reports

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#49 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 50

There shall be a process and/or protocol and procedures to prevent staff from working while ill with a communicable disease.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: The health care organization establishes a clear expectation that staff do not come in to work when ill, and supports this expectation with appropriate attendance management policies.

QUALITY: Staff who work while ill (e.g., colds, influenza, gastrointestinal illness) put patients and other staff at risk, leading to widespread illness, reduction in staff and the possibility of outbreaks.

Document Review: A positive finding includes at least THREE of the following:

- The organization has work restrictions for staff, service providers, volunteers and students with transmissible infections, that follow national and occupational health guidelines.
- There is an attendance management program in place, i.e., there is a documented procedure for managers to follow in order to remove ill staff from work.
- There is a process and/or protocol and procedure for staff on the process to be used to inform their supervisor when they are ill with a communicable disease.
- There is evidence of a written communication plan between Occupational Health Services (OHS) and IPAC departments, as well as outside agencies such as public health and family physicians, to ensure that counselling, follow-up and work restriction recommendations related to communicable diseases are in place.
- Staff education is provided on the occupational health aspects relating to working while ill (e.g., advice on the number of days staff should not work following an episode of diarrhea).

AND

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records, membership
OHS protocols/procedures related to IPAC
OHS meeting minutes, terms of reference, communications, memos
Attendance management protocols and processes, training materials for work when ill
Post-exposure follow-up protocols, forms, reports, tools, communication process
Incident investigations/communicable disease exposure reports
IPAC educational materials/activities, attendance records, evaluation forms
IPAC orientation materials

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Interviews:

SAMPLE Interview Question: *Can you describe your responsibilities when ill at work or the procedure for reporting in to your supervisor when ill with an infectious disease such as a cold, influenza, diarrhea, dermatitis etc.?*

A positive response includes BOTH of the following:

- Staff are aware that they must not work when ill with a communicable infectious disease, or when potentially exposed to a communicable disease.
- Staff can describe the correct procedure to follow to report illness at work or calling in sick from home.

PERSONS TO INTERVIEW:

Staff in clinical areas

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#50 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 51

The health care organization shall provide counselling, follow-up and work restriction recommendations for IPAC-related injuries resulting in exposure to infectious agents.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: Occupational Health Services (OHS) protocols and procedures address post-exposure follow-up and prophylaxis, using a framework developed for the response and investigation of IPAC-related injuries (e.g., needlesticks, blood and body fluid exposures, breaches of practice).

QUALITY: There is a close liaison between IPAC and OHS to ensure proper exposure management, including incident investigation and additional staff training as required.

Document Review: A positive finding includes ALL of the following:

- There is a documented post-exposure process, follow-up and prophylaxis protocol in place for needlesticks, blood and body fluid exposures and breaches in practice resulting in exposure to an infectious agent.
- Standardized post-exposure reporting forms/tools are readily available with instructions on their use.
- Information on the post-exposure reporting process is addressed at orientation and mandatory training sessions for all staff.
- Written information on the post-exposure reporting and follow-up process is readily available to staff via posters, handouts, discussion boards, on-line information, etc.
- There is a written communication plan between OHS and IPAC departments, as well as outside agencies, such as public health and family physicians, to ensure that proper post-exposure management occurs.
- IPAC is included in incident investigation and reporting of IPAC-related staff exposures.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
OHS protocols/procedures related to IPAC
Incident investigations/communicable disease exposure reports
Staff immunization program records/forms
Post-exposure follow-up protocols, forms, reports, tools, communication process
IPAC-related critical incident management protocols and processes

AND

Interviews: **SAMPLE Interview Question for Staff: *Do you know how to report a blood or body fluid exposure?***

A positive response includes the following:

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Staff able to correctly describe the protocol for reporting a blood or body fluid exposure as described in the organization's policy.

SAMPLE Interview Question for Supervisors: *Can you describe the process to follow if a staff member has a blood and body fluid exposure?*

A positive response includes the following:

- Supervisors can discuss the process to follow if a staff member has a blood and body fluid exposure, including location of post-exposure policy, post-exposure/incident forms to be completed, individuals to be contacted, educational information to be provided and by whom, etc.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#51 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 52

There shall be a sharps injury prevention program in place that includes the use of safety-engineered devices for sharps and other high-risk materials.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: Safety-engineered devices are used for sharps and other high-risk materials. In some provinces this is a legislated requirement.

QUALITY: Contaminated sharps pose the most significant risk of bloodborne infection to staff. Policies which support prevention and management of these injuries are implemented in all health care organizations.

Document Review: A positive finding includes at least FOUR of the following:

- There are protocols and procedures relating to procurement and use of safety-engineered devices and the safe handling of sharps.
- There is evidence that Occupational Health Services (OHS) and IPAC have input into the selection of sharps containers and safety-engineered devices.
- There is a product review process for purchase of devices to ensure that only safety-engineered devices are purchased when available.
- Staff receive training on needlestick injury prevention at hire and other mandatory/periodic training sessions.
- There is education and training provided for staff on correct handling and disposal of sharps, and correct use of safety-engineered devices.
- Safety-engineered devices have been implemented and are used by staff.
- Needlestick injuries are documented and investigated to prevent recurrence.
- There is a written protocol for investigating occupational incidents and illnesses related to sharps injuries (e.g., root causes are identified, corrective action is recommended, supervisors are held responsible and accountable for the investigation process, completed investigation reports/results are shared with employees, corrective actions are taken to prevent recurrence).

AND

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, communications, memos, records
OHS protocols/procedures relating to IPAC
OHS meeting minutes, terms of reference, communications, memos
Staff training records
IPAC core competency training materials
IPAC educational materials/activities, attendance records, evaluation forms
IPAC surveillance program protocols/procedures, process surveillance reports, audits, risk assessments
Incident investigations/communicable disease exposure reports
Purchasing policies/practices, minutes, records, evaluation of IPAC-related products

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Interviews:

SAMPLE Interview Question: *Have you received training in the proper use and disposal of sharps to prevent injury?*

A positive response includes the following:

- Staff indicate that they have attended education sessions or have been given written material to review relating to sharps injury prevention.

AND

Observational Tour:

A positive response includes at least THREE of the following:

- Sharps are removed and discarded at the point-of-use in appropriate puncture-resistant sharps containers (no cardboard, plastic jugs, etc.).
- Sharps containers are removed according to facility policy.
- Used sharps containers are maintained in areas where tampering can be prevented, e.g., locked areas or areas accessible only by staff.
- There is no recapping of sharps behaviour by staff observed.
- Sharps containers are removed when contents reach the fill line on the sharps container.
- Staff are observed using safety-engineered devices (e.g., safety-engineered needles, scalpels).

PERSONS TO INTERVIEW:

Health care providers in clinical areas
Laboratory staff

AREAS TO TOUR:

Clinical areas
Laboratories
Phlebotomy centres

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#52 MET:**

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 53

Personal protective equipment (PPE) shall be readily available and easily accessible.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: The health care organization provides appropriate personal protective equipment (PPE) and safety apparel/equipment for IPAC staff that is readily available, easily accessible and appropriate to the task.

QUALITY: PPE for staff is provided by the health care organization and PPE quality is evaluated prior to purchase.

- Document Review:** A positive finding includes at least THREE of the following:
- There is a process and/or protocols and procedures for the selection of PPE and IPAC is included in their development (e.g., quality of the PPE is evaluated prior to PPE purchase via a multi-disciplinary committee)
 - Records are maintained on PPE selection methods/trials.
 - There is evidence of a process to ensure sufficient PPE is available in a variety of sizes, in order to ensure a proper fit for the wearer.
 - There is evidence of a process to ensure sufficient PPE is available to address surge capacity situations, such as outbreaks, pandemics, emergency response situations, etc.
 - There is a process for eliminating and reporting defective PPE.

AND

Interviews: **SAMPLE Supervisor Interview Question: *Can you describe how your organization prevents defective/contaminated PPE from being used?***

- A positive response includes the following:
- There is a process for reporting problems with PPE.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Purchasing policies/practices, minutes, records, evaluation of IPAC-related products
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments

PERSONS TO INTERVIEW:

Supervisors in clinical areas

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#53 MET:**

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 54

The health care organization shall provide training in the appropriate selection, use, removal and disposal of PPE.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: Staff are trained in how to select personal protective equipment (PPE) based on point-of-care risk assessment, i.e., the type of exposure anticipated, durability of PPE for the task and appropriateness to the task.

QUALITY: The health care organization ensures that staff are trained in the selection, use, removal and disposal of PPE in a manner that does not lead to contamination.

- Document Review: A positive finding includes at least FOUR of the following:
- IPAC is included in the development of protocols and procedures for the selection, use and care of PPE.
 - There is a protocol and procedures for putting on and taking off PPE correctly, in a manner that does not lead to self-contamination.
 - There is a protocol and procedures to ensure that contaminated, reusable PPE is not reused prior to cleaning and disinfection.
 - There is a readily available protocol to follow for the cleaning and disinfection of reusable PPE, e.g. goggles, face shields.
 - There is written documentation to show that staff are trained in how to select PPE based on point-of-care risk assessment - the type of exposure anticipated, durability of PPE for the task and appropriateness to the task.
 - There is written documentation indicating that staff have had training in appropriate PPE selection, use, removal and disposal.

AND

Interviews:

SAMPLE Staff Interview Questions:

A positive response includes BOTH of the following:

1. What PPE are you required to wear in your day-to-day activities and do you know how to use it?

- Staff are able to correctly discuss appropriate PPE selection and use related to day-to-day duties.

2. Can you describe the PPE training you have been provided with in order to properly select, use and care for PPE?

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC surveillance program protocols/procedures, process surveillance reports, audits, risk assessments, action plans
IPAC core competency training materials
IPAC awareness campaign materials, records, "just in time"/continuing education, pre/post-test results
IPAC-related signage/posters
Purchasing policies/practices, minutes, records, evaluation of IPAC-related products

PERSONS TO INTERVIEW:

Staff in patient care areas
Supervisors in patient care areas

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Staff are able to describe the training they received on selection, use and disposal of PPE.

SAMPLE Supervisor Interview Question:

A positive response includes the following:

When is training provided to staff in the selection, use and disposal of PPE?

- Staff receive PPE training provided at orientation as well as periodic/mandatory training as required (e.g., during outbreaks).

AND

Observational Tour:

A positive finding includes ALL of the following:

- PPE is easily available and accessible at point-of-care.
- PPE is available in various sizes and qualities depending on the care activity (e.g., fluid-resistant masks and gowns when splashing is expected, sterile and non-sterile gloves are available).
- PPE is appropriate to the care activity (e.g., staff wear N95 respirators for isolation rooms on Airborne Precautions; staff wear gloves to empty bedpans).

AREAS TO TOUR:
Clinical areas

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #54 MET:

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 55

There shall be a respiratory protection program in place in the health care organization.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: Staff who are required to wear an N95 respirator to provide care to patients participate in a respiratory protection program at least every two years.

QUALITY: Health care organizations have protocols and procedures for putting on and taking off respiratory protection correctly, in a manner that does not lead to self-contamination.

Document Review: A positive finding includes ALL of the following:

- There is a respiratory protection program for staff in the health care organization.
- The respiratory protection program is compliant with national and provincial standards (e.g., Canadian Standards Association).
- The respiratory protection program for staff includes:
 - A health assessment,
 - N95 respirator fit-testing,
 - training in the use of an N95 respirator.

AND

Interviews:

SAMPLE Interview Question: *Can you describe the PPE training you have been provided with in order to properly select, use and care for a respirator?*

A positive response includes at least THREE of the following:

- Staff have been fit-tested and know which type and size of respirator they can use.
- Staff have received formal training in the use of a respirator.
- Staff know when they are required to wear a respirator (e.g., when indicated from signage on patient's door, as indicated from a risk assessment).
- Staff can describe the correct procedure for putting on and taking off a respirator.
- Staff know how to care for, and use, a respirator (e.g., respirator not kept in pocket, discard when damp).

SAMPLE DOCUMENTS TO REVIEW:

Occupational health protocols/procedures for respiratory protection
Pre-placement staff health assessment protocols, forms related to IPAC
Respiratory protection program, fit testing, training, records
IPAC core competency training materials
IPAC surveillance program protocols/procedures, process surveillance reports, audits, risk assessments
IPAC-related signage/posters

PERSONS TO INTERVIEW:

Staff in clinical areas

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Staff know how to safely dispose of a used respirator.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#55 MET:**

YES

SCORE: 5

HIGH RISK

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.9 Role of Occupational Health in the IPAC Program

STANDARD 56

There shall be a hand care program in place for staff in the health care organization.

[Reference: IPAC Standard, section 2.9.3]

INDICATOR: There is a proactive hand care program to assess and maintain the skin integrity of health care providers who perform frequent hand hygiene.

QUALITY: A hand care protection program for health care providers is a key component for improving effective and safe hand hygiene practices to protect the health care provider and the client/patient/resident from infections.

Document Review: A positive finding includes ALL of the following:

- The organization's hand care program protocols and procedures includes procedure manuals, information brochures/posters, product evaluation records and education and training materials.
- Hand care assessment processes are readily available as required.
- Staff are referred to Occupational Health Services (OHS) or to his/her health care provider if skin integrity is an issue.
- If the skin integrity of a health care provider cannot be maintained, the health care provider is offered modified work that does not require frequent hand hygiene.
- Alcohol-based hand rub (ABHR) provided in the organization contains moisturizers and is of proven benefit to skin.
- Hand care moisturizers are readily available and free of charge to staff.
- Hand care moisturizers are approved by the organization and will not interfere with ABHR, other hand hygiene products or damage gloves.
- IPAC and OHS are consulted and involved in all hand hygiene product selection and trials in the health care organization.

SAMPLE DOCUMENTS TO REVIEW:

Occupational health protocols/procedures related to hand care
Pre-placement staff health assessment protocols
IPAC core competency training materials
IPAC orientation materials
IPAC educational materials/activities
IPAC brochures, "just in time"/continuing education
Purchasing policies/practices, minutes, records, evaluation of IPAC-related products
IPAC surveillance program protocols/procedures, process surveillance reports, audits, risk assessments

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AND

Interviews:

SAMPLE Interview Questions:

A positive response includes BOTH of the following:

1. ***Can you describe what steps you can take if you start to develop dermatitis on your hands?***

Staff are aware of the hand care program and know what to do if their hands show signs of damage.

2. ***Can you describe what information/products you have received as part of the hand care program?***

Staff indicate that they have been provided with information on hand hygiene technique and products, skin care information, protocol for reporting hand care issues and are encouraged to frequently use hand lotion.

PERSONS TO INTERVIEW:
Staff

AND

Observational Tour:

A positive response includes the following:

Hand lotion/moisturizer is readily available and frequently used.

AREAS TO TOUR:
Clinical areas

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #56 MET:

YES
SCORE: 4
MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.10 IPAC Program Protocols and Procedures

STANDARD 57

There shall be organizational-wide IPAC program protocols and procedures that are current, evidence-based, are in accordance with organizational priorities and are accessible to all staff, volunteers, students and others who work in the health care organization.

[Reference: IPAC Standard, section 2.10.1]

INDICATOR: The organization maintains IPAC protocols and procedures that are based on applicable regulations, guidelines, standards, best practices and evidence from the medical literature.

QUALITY: IPAC protocols and procedures are in accordance with organizational priorities and are based on evidence.

- Document Review: A positive finding includes at least FOUR of the following:
- The organization requires and supports the development of IPAC protocols and procedures.
 - Processes are in place to assess the effectiveness and relevancy of IPAC protocols and procedures.
 - IPAC protocols and procedures are current and are evidence-based (e.g., current references/bibliography are listed in IPAC protocols).
 - IPAC protocols and procedures are reviewed in accordance with the organization's review process and as new evidence becomes available (e.g., IPAC protocols include review dates).
 - A process is in place to ensure that staff, service providers and volunteers have access to the most current IPAC protocols and procedures.
 - Key stakeholders are included in development of IPAC protocols and procedures.

AND

Interviews: **SAMPLE IPAC Staff/Departmental Manager Question: *Are you involved in the development of current and evidence-based IPAC protocols and procedures?***

- A positive response includes at least FOUR of the following:
- There is a process in place to ensure that IPAC protocols and procedures are reviewed and updated on a regular basis.
 - IPAC protocols and procedures include information and criteria for key IPAC components such as hand hygiene, Routine Practices, Additional

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals and objectives
IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records, membership
IPAC program strategic plan/operational plans
Organizational strategic plan/annual report
Staff knowledge/practice surveys, focus groups, questionnaires, town halls, suggestion boxes

PERSONS TO INTERVIEW:

Departmental managers
IPAC staff
Clinical staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Precautions, aseptic technique when performing invasive procedures and use of personal protective equipment (PPE).

- Resources used to develop IPAC protocols and procedures are evidence-based and current.
- IPAC protocols and procedures are updated as new health care processes/activities occur.
- Managers explain how they have been involved in the development of IPAC protocols and procedures.
- Managers indicate that the IPAC protocols and procedures are practical to implement.

SAMPLE Clinical Staff Question: *Do you know where to find IPAC protocols and procedures?*

A positive response includes the following:

- Staff can demonstrate where or how to find IPAC protocols and procedures (paper copy and/or electronic copy).

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#57 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.10 IPAC Program Protocols and Procedures

STANDARD 58

IPAC program protocols and procedures are linked to organization-supported educational programs with action plans and clearly defined accountability for implementation.

[Reference: IPAC Standard, section 2.10.1]

INDICATOR: IPAC protocols and procedures are linked to educational programs and have action plans for their implementation.

QUALITY: The IPAC team provides expert advisory support for IPAC protocol and procedural implementation within the organization and works in partnership with others to educate staff.

Document Review: A positive finding includes at least THREE of the following:

- IPAC protocols and procedures include an educational strategy to target IPAC issues of importance. Education is incorporated into the IPAC budget.
- IPAC education related to routine patient care activities is provided to clinical staff. Care activities are reviewed on a regular basis in order to update and improve educational materials.
- There is an established educational plan or process to inform staff of updates, revisions or new IPAC protocols and procedures, including evidence that staff have received this education.
- Focused educational interventions can be put in place rapidly to address new/emerging microorganisms of significance.

AND

Interviews:

SAMPLE Interview Question: *How are staff made aware of new or revised IPAC protocols and procedures through the organization's educational support system?*

A positive response includes at least ONE of the following:

- IPAC Staff can describe how new or revised IPAC protocols and procedures are implemented (e.g., meetings, education sessions, notices, signage).
- IPAC staff and department managers can clearly communicate how IPAC protocols and procedures are delivered to staff (e.g., orientation, formal education sessions, notices, signage, electronic means).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records
IPAC budget, financial records
IPAC core competency training materials
IPAC awareness campaign materials, brochures, records, "just in time"/continuing education, pre/post-test results
IPAC educational materials/activities, attendance records, evaluation forms
IPAC orientation materials

PERSONS TO INTERVIEW:

Departmental managers
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#58 MET:**

YES
SCORE: 4

**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.10 IPAC Program Protocols and Procedures

STANDARD 59

The health care organization's services/clinics/departmental protocols and procedures shall include IPAC staff input and interventions to prevent and control IPAC risks.

[Reference: IPAC Standard, section 2.10.2]

INDICATOR: IPAC staff provide expert IPAC input into the development of departmental protocols and procedures.

QUALITY: IPAC is consulted and provides input when any department is developing protocols that have IPAC implications.

Document Review: A positive finding includes at least FOUR of the following:
IPAC staff are consulted and provides input to other departmental protocols relating to IPAC issues, based on the impact of infection risk. This includes, but is not limited to:

- Plant Services/Maintenance:** There are written protocols and procedures for HVAC (heating, ventilation and cooling systems) to ensure that airborne isolation rooms, operating rooms and protective environments for transplant or severely compromised patients meet current standards and are tested on a regular basis (e.g., there is a validation process in place).
- Environmental Services/Housekeeping:** There are written protocols and procedures for:
 - environmental cleaning and disinfection of patient rooms, including isolation rooms (e.g., rooms of patients on Additional Precautions) and discharge/terminal cleaning
 - safe handling of waste (meets legislated requirements for handling, storage and transportation)
 - education and continuing education for cleaning staff that incorporates IPAC principles
 - increased capacity for outbreak management and surge capacity during IPAC-related emergencies, including increased staffing levels
 - ongoing review of procedures including monitoring, process audits and feedback to staff, including contracted staff

SAMPLE DOCUMENTS TO REVIEW:

Departmental policies and procedures:

- Plant Services/ Maintenance
- Environmental Services/ Housekeeping
- Medical Device Reprocessing Department
- Facility Design and Construction
- Purchasing and Procurement
- Food Services / Dietary

Work contracts/contractor agreements

Departmental education/training records

IPAC educational materials/activities, attendance records, evaluation forms

IPAC core competency training materials

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Medical Device Reprocessing Departments:** Written protocols and procedures for cleaning, disinfection and sterilization of medical equipment/devices are developed with input from IPAC staff. If reprocessing activities are contracted to external providers, there is evidence that each external provider follows accepted standards of practice for reprocessing and monitors the quality of services provided.
- Facility Design and Construction:** There are written procedures and a validation process in place to ensure that IPAC principles are adhered to and current standards are met when designing new facilities and during construction and renovation activities, up to and including commissioning.
- Materials Management:** There are written protocols and procedures regarding handling, transportation and storage of clean and soiled linen.
- Purchasing and Procurement:** There is a process to include IPAC input in the purchase and procurement of medical equipment to ensure that medical equipment chosen for purchase is capable of being cleaned, disinfected and/or sterilized. IPAC staff are involved in decisions regarding purchases of personal protective equipment (PPE), hand hygiene and hand care agents, and other IPAC-related supplies.
- Food Services/ Dietary:** There are written protocols and procedures that define mechanisms and processes that must be in place to prevent foodborne illnesses in the organization. Standards and regulations for food safety are followed.
- Contractor Agreements:** There is a process to define the roles and responsibilities of the contractor in relation to IPAC issues and ensure IPAC standards are being met and IPAC protocols and procedures are followed.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #59 MET:

YES

SCORE: 4

MODERATE RISK

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.11 IPAC Program Research Initiatives

STANDARD 60

IPAC staff shall participate in quality improvement initiatives and/or research.

[Reference: IPAC Standard, section 2.11]

INDICATOR: IPAC staff are involved in collecting, collating, analysing and synthesising qualitative and quantitative data and information using appropriate methods.

QUALITY: IPAC staff remain current in IPAC best practices through evidence-based research, consensus and established guidelines.

- Document Review: A positive finding includes at least TWO of the following:
- Time is allotted to IPAC staff for engaging in/ reporting on quality improvement (QI) and research activities.
 - Quality improvement initiatives and research activities are identified as key components of the IPAC program.
 - IPAC staff performance appraisals include participation in research activities.
 - IPAC staff are aware of current QI issues /research in IPAC.
 - IPAC staff have collaborated on research projects and are named as authors in published articles and reports.

AND

Interviews:

SAMPLE Interview Question: *How are you involved in quality improvement initiatives and/or research?*

- A positive response includes at least TWO of the following:
- The IPAC program is adequately resourced to enable research initiatives.
 - Time is allotted for engaging in/ reporting on QI and research activities, such as reporting on outbreak/cluster investigations, surveillance findings and informal epidemiologic studies.
 - IPAC staff participate in formal quality improvement projects and/or research that will result in improved patient care in their organization and prevention of infections in their patient population, leading to advancements in the IPAC field.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program strategic plan/operational plans
IPAC committee minutes, terms of reference, communications, memos, records
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments
IPAC quality/risk improvement activities, feedback to staff, action plans
IPAC staff performance appraisal forms, protocols, requirements
Publications authored by IPAC staff

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- IPAC staff review QI data in light of current research findings/evidence-based best practices.
- IPAC staff report involvement in QI/research activities that may be independent or collaborative (e.g., development of protocols, manuals, participation in active research projects).
- IPAC staff indicate they are aware of current QI/research issues in IPAC via individual work/QI projects, consultation with others, attending conferences/meetings etc.
- IPAC staff have collaborated on research studies and projects that have been published in peer-reviewed journals.
- IPAC staff have attended courses and received training in writing up results of research projects.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #60 MET:

YES
SCORE: 4
MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.11 IPAC Program Research Initiatives

STANDARD 61

Results of IPAC program quality improvement initiatives and/or research shall be shared with key stakeholders.

[Reference: IPAC Standard, section 2.11]

INDICATOR: IPAC quality improvement initiatives, research and best practice information is shared with staff and service providers.

QUALITY: The IPAC program communicates findings, outcomes and recommendations in various ways, to relevant people and stakeholders in a manner that is appropriate to their needs.

Document Review: A positive finding includes at least ONE of the following:

- IPAC quality improvement initiatives, research and best practice information is shared with staff and service providers.
- Relevant, current IPAC legislation, best practices, and resources are made readily available to others in the health care organization.
- Novel IPAC initiatives are showcased through publications, poster/oral presentations at conferences and other means to enhance the body of IPAC knowledge.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC committee minutes, terms of reference, communications, memos, records

IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans

IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports

IPAC educational materials/activities, attendance records, evaluation forms

IPAC publications, promotional materials

IPAC internal website (intranet), electronic discussion boards, electronic messaging to staff

IPAC external website materials

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

**STANDARD
#61 MET:**

YES
SCORE: 4

**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

2.11 IPAC Program Research Initiatives

STANDARD 62

Results of IPAC program quality improvement initiatives and/or research shall be incorporated into the IPAC program.

[Reference: IPAC Standard, section 2.11]

INDICATOR: The IPAC program ensures the validity, sufficiency and relevance of research methodologies and other information sources applicable to IPAC practice prior to incorporating this information into the organization's IPAC protocols and procedures.

QUALITY: The IPAC program builds the evidence and knowledge base to improve and develop IPAC strategies and practices through participation in, or completing research and other related activities.

Document Review: A positive finding includes at least ONE of the following:

- Current research/quality improvement (QI) results (internal and external) are used to develop and improve IPAC activities, education, protocols and procedures.
- IPAC staff critically appraise the literature to establish its validity and application to practice (e.g., synthesise and analyse the arguments of others, identifying strengths and weaknesses).
- IPAC staff evaluate the outcomes and findings of research and other literature to determine their impact on, and potential for, improving infection prevention and control practice within the health care organization.

AND

Interviews: **SAMPLE Interview Question: *Can you describe how you incorporate quality improvement initiatives and research activities into your IPAC program?***

A positive response includes at least ONE of the following:

- IPAC staff use results of formal QI projects and/or research that will result in improved patient care in their organization and prevention of infections in their patient populations.
- IPAC staff collaborate and/or support others in QI/research that will help to inform the practice of IPAC and epidemiology.
- IPAC QI/research results are used to inform IPAC protocols and procedures, educational activities, etc.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
IPAC program strategic plan/operational plans
IPAC committee minutes, terms of reference, communications, memos, records
IPAC quality/risk improvement activities, feedback to staff, action plans
Collaborative research meeting minutes
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Novel IPAC initiatives are showcased through publications, poster/oral presentations at conferences/meetings and other means to enhance the body of IPAC knowledge.

Positive findings and innovative program(s):

Deficiencies requiring review/action:

Other notes:

STANDARD #62 MET:

YES
SCORE: 4

MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.0 IPAC Program Foundational Framework

3.1 IPAC Program Governance and Leadership

STANDARD 63

The IPAC program shall be an essential part of governance and maintain a high clinical and management profile.

[Reference: IPAC Standard, section 3.1.1]

INDICATOR: Leadership plays a key role in HAI prevention.

QUALITY: A well-functioning and supported IPAC program demonstrates value and cost-effectiveness to the organization.

Document Review: A positive finding includes ALL of the following:

- There is evidence that a senior leader/board member has been assigned to deal with IPAC issues.
- It is an expectation that IPAC provides data on patient safety and quality in a succinct manner for presentation at board meetings.
- Senior management shows commitment to IPAC through active executive participation and sponsorship (e.g., senior managers tour the organization to observe IPAC practices, senior managers act as IPAC champions).
- There is evidence of regular communication from the CEO to the Board regarding their expectations of patients, visitors and staff in relation to IPAC.

AND

Interviews:

SAMPLE Interview Question: *In your opinion, what resources/features have been put in place by management for the IPAC program to have a high profile in the organization?*

A positive response includes at least FOUR of the following:

- Senior leadership support for IPAC is obvious to staff in the organization, e.g., it is an expectation that IPAC indicators are presented to the board/senior management and departmental meetings on a regular basis.
- IPAC has a direct reporting relationship to a senior leader in the organization and staff are aware of this.
- IPAC contributes as a member on a number of key committees in the organization.
- Senior management tours the organization to observe IPAC practices.

SAMPLE DOCUMENTS TO REVIEW:

Organizational reporting structure/organizational chart, IPAC department organizational chart
IPAC committee minutes, terms of reference, communications
Board/executive meeting minutes
Senior management meeting minutes
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans

PERSONS TO INTERVIEW:

Senior management
IPAC staff, IPAC manager
Front-line managers

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- There is an active IPAC committee in the organization.
- IPAC has its own dedicated budget and staff, i.e., IPAC staff hours are dedicated to IPAC activities and do not fill gaps in staffing in other departments.

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#63 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.1 IPAC Program Governance and Leadership

STANDARD 64

The governing Board shall identify the IPAC program as integral to the health care organization's strategic plan to improve quality and patient and staff safety.

[Reference: IPAC Standard, section 3.1.2]

INDICATOR: A comprehensive, wide-scale organizational approach to IPAC is required to ensure that effective patient and staff safety is achieved.

QUALITY: Implementation of the program rests not only with the IPAC team, but also with nursing managers, Environmental Services, Occupational Health Services (OHS), directors of medical services, central reprocessing and other departments and individuals in the health care organization impacted by the effective delivery of the IPAC program.

Document Review: A positive finding includes ALL of the following:

- The IPAC program's strategic plan is approved by the organization's administrative body.
- IPAC is reflected in the organization's strategic plan.
- IPAC outcome indicators are used to show that goals and measurable objectives identified in the strategic plan have been met (e.g., reduction in patient infection rates, improved influenza vaccination rates among staff).

SAMPLE DOCUMENTS TO REVIEW:

Board/executive meeting minutes
Senior management meeting minutes
IPAC program strategic plan/operational plans
Organizational strategic plan/annual report
IPAC committee minutes, terms of reference
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans
IPAC quality/risk improvement activities, action plans, quality/risk meeting minutes, departmental quality reports

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#64 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.1 IPAC Program Governance and Leadership

STANDARD 65

The IPAC program shall be positioned in the organization such that there is an effective reporting conduit to senior management.

[Reference: IPAC Standard, section 3.1.3]

INDICATOR: There is evidence that management has appropriately placed the IPAC program within the health care organization so that it has the most functional use and is accountable across all departments.

QUALITY: The positioning and reporting relationship of the IPAC program within a health care organization affects the "power" of the program to enact change within the organization.

Document Review: A positive finding includes ALL of the following:

- IPAC has a direct functioning line of reporting to the executive of the organization.
- Committees that the IPAC committee reports to (e.g., Medical Advisory Committee, Risk Management Committee) report to senior management.
- Management has appropriately placed the IPAC program within the organization so that it has the most functional use and is accountable across all departments.

AND

Interviews:

SAMPLE Interview Question: *How Is the reporting relationship of IPAC to senior management an effective one in your opinion?*

A positive response includes at least THREE of the following:

- Communication lines are open with management to immediately deal with key/urgent IPAC issues as they arise (e.g., outbreaks, occurrence of critical IPAC incidents such as needlesticks, sterilization failure).
- Staff feel that IPAC has "power" in the organization to enact change due to its reporting relationship within the organization.
- Staff feel they are kept up-to-date on IPAC issues and thereby can be more supportive of IPAC initiatives and issues.
- IPAC reporting to a senior level that crosses all department levels provides an effective method of communicating IPAC initiatives and issues across the organization.

SAMPLE DOCUMENTS TO REVIEW:

IPAC department organizational chart
IPAC program strategic plan/operational plans
IPAC committee minutes, terms of reference
Senior management meeting minutes
Outbreak management team (OMT) protocols/procedures, minutes, surge capacity plans, records, action plans
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans

PERSONS TO INTERVIEW:

Senior management
IPAC manager
IPAC staff
Departmental managers

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- IPAC staff can explain why the IPAC program is placed where it is and how this results in the most effective impact on the organization.

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#65 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.1 IPAC Program Governance and Leadership

STANDARD 66

The health care organization shall have a structured process for mitigating infectious disease risks.

[Reference: IPAC Standard, section 3.1.4]

INDICATOR: The IPAC program has been identified as a critical issue in patient safety. An integrated risk management approach is used to mitigate and manage infectious disease risks in the health care organization.

QUALITY: Accreditation Canada requires hospitals to complete a risk assessment to identify and address high-risk activities, such as performing aerosol-generating medical procedures; handling spills, specimens and sharps; and exposure to contaminated waste.

Document Review: A positive finding includes ALL of the following:

The health care organization:

- adheres to IPAC program guidelines and consensus recommendations, i.e., there is evidence that the Board is aware that risk monitoring mechanisms that are in place in each care area and that each area is accountable for compliance with IPAC program protocols and procedures.
- delivers appropriate IPAC education and training to staff.
- monitors infection rates and compares rates to internal and external benchmarks.
- formulates and initiate strategies to reduce risk, taking into account relevant legislation and published guidelines.
- continuously initiates actions to further improve processes.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program protocols/procedures
IPAC program strategic plan/operational plans
IPAC committee minutes, terms of reference
IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes
Outbreak management team (OMT) protocols/procedures, reports, minutes, line listing forms, surge capacity plans, records, action plans
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, action plans
IPAC awareness campaign materials, brochures, records, "just in time"/continuing education
IPAC orientation materials
IPAC core competency training materials
IPAC educational materials/activities, attendance records, evaluation forms

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#66 MET:**

YES
SCORE: 6
**EXTREME
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 67

The IPAC program shall be developed in collaboration with key stakeholders in the health care organization.

[Reference: IPAC Standard, section 3.2.1]

INDICATOR: Prior to implementing an IPAC program, and periodically thereafter, there is an initial review of the entire health care organization for the strengths, weaknesses, opportunities and threats related to IPAC practices (i.e., SWOT analysis).

QUALITY: The results from a SWOT analysis are used to assist in prioritizing the needs of the IPAC program, are strategically aligned with organizational priorities, and are flexible enough to respond to evolving organizational needs and feedback from key stakeholders.

Document Review: A positive finding includes ALL of the following:

- There is consultation with stakeholders and partners regarding the IPAC program and its strategic plan.
- The organization evaluates its IPAC needs and then implements an IPAC strategic plan and program suited to those needs.
- The IPAC program strategic plan is reviewed at least every three to five years or as required due to major changes in program delivery or as otherwise identified through audit results, outbreak investigation, etc.
- Results from SWOT analyses or other program audits are used to assist in prioritizing the needs of the IPAC program.

AND

Interviews: **SAMPLE Interview Question: *How does the organization work with key stakeholders in the development and content of the IPAC program?***

A positive response includes BOTH of the following:

- The IPAC program is developed and revised with input from internal stakeholder/partner consultation.
- The IPAC program is reviewed and revised due to major changes in program delivery or as otherwise identified through audit results, outbreak investigations, internal stakeholder/partner consultations etc.

SAMPLE DOCUMENTS TO REVIEW:

IPAC committee minutes, terms of reference, communications, memos
IPAC program needs assessments
SWOT analyses of IPAC program
Organizational risk assessment and action plans
Outbreak management team (OMT) action plans
IPAC surveillance program action plans
Internal/external stakeholder consultations
Patient surveys, post-discharge questionnaires, ombudsman reports

PERSONS TO INTERVIEW:

Key individuals responsible for administration and approval processes for the IPAC program

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#67 MET:**

YES
SCORE: 4

**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 68

IPAC program deliverables shall be based on the acuity, complexity and care activities of the health care organization.

[Reference: IPAC Standard, section 3.2.1]

INDICATOR: IPAC program capacity is based on the acuity and care activity of the health care organization, risk assessments and the volume and complexity of the ICP's work, and should not be influenced by competing or external pressures.

QUALITY: The IPAC program and its capacity is able to adequately respond to the IPAC needs of the entire organization.

Document Review: A positive finding includes ALL of the following as it pertains to the priorities of the IPAC program:

The priorities and capacities of the IPAC program are based on:

- Alignment with organizational priorities and strategic plans.
- Additional capacity priorities as determined from risk/needs assessment, results of investigations and audit results, accreditation requirements, review of results of risk/needs assessment, identified priorities, best practices, IPAC program needs and resources allocation
- Ongoing review of emerging IPAC issues with respect to capacity issues, care activities and organizational program changes.
- The ability to be proactive in the delivery of the IPAC program, e.g., capacity to deal with outbreaks, emergencies.
- The capacity of the IPAC program is evaluated on an ongoing basis to ensure that there are sufficient hours dedicated to IPAC to carry out program requirements.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program strategic plan/operational plans
Organizational strategic plan
IPAC program needs assessments
Organizational risk assessment and action plans
Outbreak management team (OMT) surge capacity plans, action plans
IPAC surveillance program action plans
Accreditation documentation, reports, recommendations

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

STANDARD #68 MET:

YES
SCORE: 6
EXTREME RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 69

IPAC program goals shall be evidence-based.

[Reference: IPAC Standard, section 3.2.2]

INDICATOR: The IPAC program is planned and developed based on the results of needs assessments and is consistent with organizational priorities, legislative requirements, evidence and best practices for IPAC.

QUALITY: The goals of a functioning IPAC program are to protect patients from HAIs, resulting in improved survival rates, reduced morbidity associated with infections, shorter length of hospital stays and reduction in lost time by staff.

Document Review: A positive finding includes at least THREE of the following:

- IPAC program goals and objectives are supported by accepted evidence-based literature, guidelines and standards, i.e., there is a bibliography or list of references used to develop the goals.
- IPAC goals are developed and approved according to the organization's processes and policies.
- Results from action plans of outbreak investigations, annual reports, surveillance reports, process and outcome audits are incorporated into program goals.
- IPAC program goals are consistent with legislated requirements.

AND

Interviews: **SAMPLE Interview Question: *What IPAC best practices, guidelines and regulations do you use or have access to in the development of IPAC program goals?***

A positive response includes ALL of the following Canadian IPAC resources:

- Public Health Act
- Communicable Diseases Act
- Current national IPAC best practices and guidelines (e.g., PHAC)
- Current provincial IPAC best practices and guidelines.
- Canadian Accreditation Standards for health care delivery programs.
- Canadian Standards Association (CSA) standards.
- Provincial Occupational Health and Safety Act and Regulations

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program annual report/action plans
IPAC committee minutes, terms of reference
Outbreak management team (OMT) reports, action plans
IPAC surveillance program process/outcome surveillance reports, audits, risk assessments, action plans
IPAC quality/risk improvement activities, action plans

PERSONS TO INTERVIEW:

IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#69 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 70

IPAC program goals shall have measurable objectives that are reviewed/revised annually.

[Reference: IPAC Standard, section 3.2.2]

INDICATOR: Measurable objectives are reviewed/revised annually.

QUALITY: The IPAC program is organization-wide, with clearly defined objectives in collaboration with other members of the health care organization.

Document Review: A positive finding includes ALL of the following:

- IPAC objectives are developed with specific timelines and parameters for measurement.
- IPAC objectives are reviewed at least annually for evidence that they meet the expected timelines.
- IPAC objectives are measurable, i.e., there is evidence that objectives have been measured.
- IPAC objectives are developed and approved according to the organization's processes and policies.
- Results from action plans of outbreak investigations, annual reports, surveillance reports, process and outcome audits are incorporated into program objectives.

AND

Interviews:

SAMPLE Interview Question: *How are IPAC staff evaluated on the performance of their duties?*

A positive response includes BOTH of the following:

- IPAC staff can discuss current program objectives and explain how timelines are used to determine completion.
- IPAC staff can discuss how to determine when program objectives are achieved (i.e., how is success measured). Examples: IPAC deficiencies have been addressed, program targets, such as reduction of UTIs, increased hand hygiene compliance) have been met.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program protocols/procedures
IPAC program strategic plan/operational plans
IPAC program annual report/action plans
IPAC committee minutes, terms of reference
Outbreak management team (OMT) reports, action plans
IPAC surveillance program process/outcome surveillance reports, audits, risk assessments, action plans
IPAC quality/risk improvement activities, action plans

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#70 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 71

There shall be a multidisciplinary IPAC committee that reports to senior management, to support the IPAC program.

[Reference: IPAC Standard, section 3.2.3]

INDICATOR: The IPAC team in all health care organizations has the support of an IPAC committee or working group structured to include representation from stakeholders and partners across the organization.

QUALITY: All facilities and agencies accredited by Accreditation Canada require the organization to have a formal committee structure, such as an Infection Prevention and Control Committee (IPACC).

Document Review: A positive finding includes ALL of the following:

- The organization has a multidisciplinary committee(s) to provide guidance about the IPAC program. Larger organizations may have multiple IPAC committees based on the size of the organization and geographical distribution.
- The IPAC committee(s) reports to senior management.
- The terms of reference for the IPAC committee(s) are reviewed annually to ensure that the committee membership adequately represents IPAC needs in the organization and that committee goals and objectives have been met.

SAMPLE DOCUMENTS TO REVIEW:

IPAC committee minutes, terms of reference, communications, memos, records, membership
IPAC program annual report/action plans
Organizational reporting structure/organizational chart
IPAC department organizational chart

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#71 MET:**

YES
SCORE: 3
LOW RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 72

The IPAC committee shall set annual goals for the IPAC program, advocate for resources to accomplish program goals, review IPAC program quality improvement initiatives and evaluate achievement of IPAC program deliverables.

[Reference: IPAC Standard, section 3.2.3]

INDICATOR: The IPAC committee is involved in planning, monitoring, evaluating and updating IPAC protocols and programs.

QUALITY: Through protocols, procedures and evaluation processes, the IPAC committee acts as a central clearing house for IPAC information and channels that information in a manner that will create the safest health care environment. Its function is to prevent and control HAIs.

Document Review: A positive finding includes ALL of the following:

- The goals and deliverables of the IPAC committee are clearly defined.
- The goals and objectives of the IPAC program are reviewed annually by the IPAC committee.
- The IPAC committee ensures that the IPAC program meets current legislated standards and requirements as well as the requirements of the organization.
- The IPAC committee identifies resources to accomplish the program's goals.

AND

Interviews:

SAMPLE Interview Question: *Can you describe some of the activities of the IPAC committee?*

A positive response includes at least FIVE of the following:

- annual goal-setting, strategic planning and evaluation for the IPAC program and the IPAC committee
- ensuring that the IPAC program meets current legislated standards and requirements as well as the requirements of the organization
- advocating for resources as necessary to accomplish the goals of the IPAC program
- acting in an expert advisory capacity on controversial issues e.g., impact of closure of clinical departments due to outbreaks
- reviewing patient safety/risk management/quality assurance initiatives, incidents and major events related to HAIs

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC committee minutes, terms of reference, memos, records
IPAC program annual report/action plans
IPAC budget, financial records, purchasing/procurement, equipment purchase records, variance reports
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, action plans
IPAC quality/risk improvement activities, action plans

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- supporting the IPAC program as a champion in the organization

PERSONS TO INTERVIEW:

Senior management

IPAC staff

IPAC committee members

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#72 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 73

The IPAC program's information management protocols and procedures shall meet current information needs, anticipate future information needs and enhance IPAC program performance.

[Reference: IPAC Standard, section 3.2.4]

INDICATOR: IPAC information management (IM) protocols and systems are current, robust, interactive with other systems within the organization, anticipate future needs and support internal and external reporting requirements.

QUALITY: Data, information and knowledge systems are planned to provide reliable, timely service and to support the IPAC program's objectives and its internal and external needs.

Document Review: A positive finding includes ALL of the following:

- There is an IM plan based on an IPAC needs analysis that defines and prioritizes the IPAC program's current and future information needs.
- The IM plan contains a component for review and regular updates, as needed.
- The IM plan is flexible and allows for increased surge capacity (e.g., outbreaks, emergencies, disasters).
- IPAC staff have support from the organization's technology department.
- IPAC staff receive support, education and training in the processing and use of electronic information, computer and software literacy (e.g., Word, Excel, program databases) and the optimal use of technology for IPAC.

AND

Interviews:

SAMPLE Interview Question: *Do IPAC staff have input on the information management systems that are available?*

A positive response includes at least FOUR of the following:

- IPAC staff have input into which software programs they use.
- IPAC staff have input and provide feedback into changes/updates on the IM systems they use.
- IPAC staff indicate data management and input is easy, e.g., no duplication of data entry required/ automatic field entry from organization systems (laboratory, pharmacy).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program strategic plan/operational plans
IPAC program needs assessments
IPAC information management plan
IPAC IT equipment purchase requests, records of computer hardware/software upgrades
IPAC program information technology (IT) installation, training records, technical support, IT budget related to IPAC
IPAC surveillance program statistics software

PERSONS TO INTERVIEW:

Senior management
IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Electronic IPAC alerts are available as required e.g., ARO flagging, requirement for single room accommodation and/or Additional Precautions, critical incidents, etc.
- IPAC staff indicate that there is access to additional electronic capability available during periods of excess activity, e.g., trending reports, data charts.
- IPAC staff have received adequate training on the software and computer systems they use.
- IPAC staff have space on the organization's intranet for IPAC-related communications and materials.

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#73 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 74

The use of confidential patient information for IPAC program purposes shall comply with federal and provincial legislation and ethical standards of privacy and confidentiality.

[Reference: IPAC Standard, section 3.2.4]

INDICATOR: All federal, provincial, local, and community standards on IPAC recordkeeping and confidentiality are met.

QUALITY: The organization ensures that when data on individual personal information is made public that the individual's confidentiality is maintained.

Document Review: A positive finding includes ALL of the following:

- IPAC surveillance data shared within the organization maintains the confidentiality of patients and staff (e.g., use of aggregate numbers and information rather than names, use of non-nominal information)
- Shared IPAC audit reports and action plans do not include names of individuals or other identifiers
- Shared outbreak reports do not include names of individuals or other identifiers

AND

Observational Tour: **Verify how privacy and confidentiality of electronic IPAC information is maintained. This may require demonstration by a member of the department.**

A positive finding includes ALL of the following:

- IPAC signage in clinical areas does not identify individuals or their type of infection.
- The IM system manages record retention and information storage according to federal, provincial and organizational standards.
- IPAC data (electronic and hard copy) is stored in a secure area.
- IPAC data (electronic and hard copy) can only be accessed by approved staff (e.g., password-protected computers and other electronic devices, lockable cabinets for hard copy files).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Protocols/procedures dealing with confidentiality of patient information
Shared electronic data bases, surveillance data and information (paper/hard copy)
IPAC communications protocols for sentinel infection/ infection clusters
IPAC quality/risk improvement reports, feedback to staff
Shared process/outcome surveillance reports, audit results, action plans

AREAS TO TOUR:

IPAC team offices, workstations
IPAC team computers/databases
IPAC signage in clinical areas

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#74 MET:**

YES
SCORE: 6
**EXTREME
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 75

The health care organization shall regularly review the resources needed to support the IPAC program.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: The IPAC program requires staffing, infrastructure and ongoing resources to meet its program mandates.

QUALITY: In order to achieve new/expanding mandates, the organization's IPAC program needs to have regular reviews of appropriate resources in both quantity and quality.

Document Review: A positive finding includes at least TWO of the following:

- There is ongoing evaluation and budget review to identify additional program resource requirements.
- IPAC records are analysed to identify trends and program needs.
- Resources are allocated to the IPAC program to support both existing and new program initiatives.

AND

Interviews: **SAMPLE Interview Question: *What organizational processes are in place for the IPAC program to obtain ongoing resources?***

A positive response includes at least TWO of the following:

- There is administrative support to both develop and sustain the IPAC program.
- There is support for additional ICP time during temporary or permanent changes to service volume.
- There is a review of program components to determine if there are sufficient staff to perform routine program requirements without the need for overtime hours.

SAMPLE DOCUMENTS TO REVIEW:

IPAC committee minutes, communications, memos, records
IPAC budget, financial records, purchasing/procurement, equipment purchase records, variance reports
IPAC program strategic plan/operational plans
Outbreak management team (OMT) action plans
IPAC IT equipment purchase requests, records of computer hardware/software upgrades
IT budget related to IPAC

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff
IPAC committee members

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#75 MET:**

YES
SCORE: 4

**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 76

The IPAC program shall have the support of an accredited microbiology laboratory.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: IPAC staff have access to data reports from an accredited microbiology laboratory, including microorganisms that have been identified by the health care organization as high-risk.

QUALITY: Timely access to microbiology data can assist the IPAC program by identifying high-risk microorganisms in time to implement control measures before transmission can occur.

Document Review: A positive finding includes ALL of the following:

- There is a defined process to alert IPAC staff when high-risk/significant microorganisms are identified in the laboratory.
- IPAC staff collaborate with the microbiology laboratory to clearly identify their urgent needs in relation to significant microbial isolates, outbreak investigation and quick turnaround time for identification of high-risk organisms.
- IPAC staff have access to laboratory results on an ongoing basis to perform their routine IPAC functions (e.g., surveillance).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Microbiology lab
protocols/procedures, Microbiology
reports, data links, surveillance
reports developed for IPAC

AND

Interviews:

SAMPLE Interview Question: *How are IPAC staff notified by the laboratory when high-risk/significant microorganisms are identified?*

A positive response includes ALL of the following:

- Laboratory staff indicate that IPAC staff are notified immediately by phone when unusual/significant microorganisms are identified.
- Laboratory staff indicate that reports on high-risk/significant microorganisms are generated and forwarded to IPAC staff (paper copy or electronically via data systems).
- IPAC staff indicate that they receive immediate notification when unusual/significant microorganisms are identified.
- IPAC staff indicate that they receive reports (paper or electronic) from the laboratory when high-risk/significant microorganisms are identified.

PERSONS TO INTERVIEW:

IPAC staff
Microbiology laboratory staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#76 MET:**

YES

SCORE: 6

**EXTREME
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 77

There shall be appropriate financial resources allocated to the IPAC program.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: There is appropriate financial resource allocation for the IPAC program that is sustained and ongoing.

QUALITY: In order to develop and sustain the IPAC program, there is fiscal provision for program needs, including human and intellectual resources, material assets and supplies and continuing staff education.

Document Review: A positive finding includes ALL of the following:
There is evidence that sufficient funds are allocated to the following:

- Human resources (e.g., infection control professionals, support staff).
- Intellectual resources (e.g., textbooks, manuals, journals, guidelines and standards, online resources, subscriptions), including maintenance of resources.
- Material resources (e.g., office equipment, electronic equipment such as computers and printers, software, education and training materials, audio-visual materials).
- Continuing education opportunities (e.g., attendance at conferences, teleconferencing, videoconferencing, webinars, training courses) e.g. review of daily activity logs, conference attendance materials etc.

AND

Interviews: **SAMPLE Interview Question: *Is there sufficient funding to provide the resources needed to meet the goals of the IPAC program?***
A positive response includes ALL of the following:

- There is sufficient funding for the human resources required for the program.
- There is sufficient funding to purchase current textbooks, standards and guidelines, subscriptions to journals.
- There is sufficient funding to purchase and maintain the electronic systems and software required for the program.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC program annual report/action plans
IPAC program needs assessments
IPAC budget, financial records, equipment purchase records, variance reports
IPAC staff education records, IPAC staff self-audits, certification records
IPAC educational materials/activities, attendance records, continuing education
Information technology budget related to IPAC

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- There is sufficient funding to allow IPAC staff to obtain the continuing education required to maintain their credentials.

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#77 MET:**

YES
SCORE: 6
**EXTREME
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 78

The IPAC program shall have sufficient support staff to meet the IPAC program goals of the health care organization.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: Administrative staff are provided to support the IPAC program.

QUALITY: The health care organization provides ancillary staff required to support its programs.

Document Review: A positive finding includes ALL of the following:

- There are sufficient support staff (e.g., administrative assistant, data entry clerk) to develop the IPAC program and sustain the program's activities.
- The IPAC budget includes human resource support components required for the IPAC program.
- There is a written process to acquire additional support staff during temporary changes to services that increase surge capacity (e.g., outbreaks, disasters, projects in other departments that require IPAC input).

AND

Interviews:

SAMPLE Interview Question: *Are you able to meet stated IPAC goals with existing support staff provided by the organization?*

A positive response includes at least TWO of the following:

- There are sufficient support staff to both develop and sustain current and anticipated IPAC program activities.
- IPAC staff have access to an epidemiologist during outbreaks (this could be provided through public health).
- There is a process to obtain additional support staff for unanticipated surges in program activities (e.g., outbreaks, construction and renovation projects, disasters).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC budget, financial records, variance reports
Outbreak management team (OMT) reports, surge capacity plans, records, action plans
IPAC surveillance program risk assessments, action plans
IPAC quality/risk improvement activities, action plans

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

STANDARD #78 MET:

YES
SCORE: 4

MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 79

The health care organization shall dedicate and protect ICP hours for the IPAC program appropriate to the acuity and volume of care in the health care organization.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: The infection control professional (ICP) position is a dedicated position.

QUALITY: The IPAC program is carried out by trained professionals who have sufficient allocated time to develop and sustain the program's activities.

Document Review: A positive finding includes at least TWO of the following:

- The IPAC program is clearly defined as the responsibility of at least one designated person, with protected time allocated to IPAC activities.
- Regardless of the size of the health care organization, the expected number of hours per week that are devoted to infection prevention and control is clearly stated and protected.
- The number of ICPs required for the health care organization is appropriate to the type of care and services provided by the organization and is aligned with staffing levels recommended in best practice guidelines, for example:
 - a minimum ratio of 1.0 full-time equivalent (FTE) ICP per 115 acute care beds
 - a minimum ratio of 1.0 FTE ICP per 100 occupied acute care beds if there are high risk activities (e.g., dialysis)
 - additional ratio of 1.0 FTE ICP per 30 intensive care beds be considered where ventilation and haemodynamic monitoring are routinely performed
 - 1.0 FTE ICP per 150 occupied long-term care beds where there are ventilated patients, patients with spinal cord injuries and dialysis or other high acuity activities
 - 1.0 FTE ICP per 150-200 beds in other organizations depending on acuity levels.
- There are sufficient ICPs to develop the IPAC program and to sustain the program's activities.
- There is a written process to support additional ICP time/contracted staff during temporary changes to services (e.g., outbreaks, construction, approved projects in other departments that require IPAC input).

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC budget, financial records
IPAC position descriptions/contracts, IPAC department organizational chart
Outbreak management team (OMT) protocols/procedures, reports, minutes, surge capacity plans, records, action plans

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AND

Interviews:

SAMPLE IPAC Staff Question: *Is your IPAC time is protected or do you wear "many hats?"*

A positive response includes at least ONE of the following:

- IPAC time is protected.
- IPAC is a fulltime position.
- Staff indicate that they are allowed sufficient time to complete IPAC activities.
- There is a process to obtain additional ICP support for unanticipated program activities (e.g., outbreaks, construction and renovation projects).

PERSONS TO INTERVIEW:

IPAC staff

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#79 MET:**

YES
SCORE: 6

**EXTREME
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 80

ICPs shall be supported by the health care organization to maintain competency in IPAC practice.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: IPAC staff are qualified to carry out the roles and responsibilities of the IPAC program.

QUALITY: The health care organization invests in the human resources required to support the IPAC program.

Document Review: A positive finding includes ALL of the following:

- It is an expectation that the ICP continues to seek education, knowledge and skills related to the organization's IPAC program in the following areas:
 - Epidemiology, including outbreak management
 - Infectious diseases
 - Microbiology
 - Patient care practices
 - Asepsis
 - Disinfection/sterilization
 - Occupational health
 - Facility planning/construction
 - Emergency preparedness
 - Learning/education principles
 - Communication
 - Product evaluation
 - Information technology
 - Program administration
 - Legislative issues/policy making
 - Research
- IPAC staff are supported in their IPAC endeavours, knowledge and practice by the health care organization.
- IPAC staff training resources are reviewed on a regular basis to ensure consistency with established evidence and with professional and occupational standards.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC budget, financial records
IPAC position descriptions/contracts
IPAC staff education records, IPAC staff self-audits, certification records
IPAC educational materials/activities, attendance records, evaluation forms, course certificates
IPAC staff performance appraisal forms, protocols, requirements

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AND

Interviews:

SAMPLE IPAC Supervisor/Manager Question: *Are ICPs qualified to practice?*

A positive response includes at least ONE of the following:

- There is/are sufficient trained ICP(s) to both develop and sustain current and anticipated IPAC program activities.
- ICP(s) has/have attended an approved IPAC course.
- ICP(s) is/are Certified in Infection Control (CIC®)

PERSONS TO INTERVIEW:
IPAC supervisor/manager

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

STANDARD #80 MET:

YES
SCORE: 6
EXTREME RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 81

ICPs shall be certified in infection prevention and control when eligible.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: The health care organization has at least one infection control professional (ICP) who is Certified in Infection Control (CIC®), or who will obtain certification when eligible.

QUALITY: IPAC staff are qualified to carry out the roles and responsibilities of the IPAC program.

- Document Review: A positive finding includes at least THREE of the following:
- The health care organization encourages and supports ICPs to become Certified in Infection Control.
 - The health care organization has at least one ICP who is Certified in Infection Control (CIC®), or who will obtain certification when eligible, depending on the acuity of the facility.
 - Certification is maintained (i.e., renewed every five years).
 - Education is obtained/provided that will enable new ICPs to obtain CIC® designation.
 - ICPs are encouraged to attend IPAC-related courses, meetings, conferences etc. to maintain their level of knowledge.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program strategic plan/operational plans
IPAC position descriptions/contracts
IPAC staff education records, IPAC staff self-audits, certification records
IPAC staff performance appraisal forms, protocols, requirements

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#81 MET:**

YES
SCORE: 4

**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 82

The health care organization shall have access to a qualified IPAC physician to provide input into the IPAC program.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: An expert physician resource in IPAC is available at a clinical and organizational level.

QUALITY: Input and support from a physician with experience and training in IPAC has been shown to be associated with a reduction in health care-associated infections.

Document Review: A positive finding includes at least TWO of the following:

- A trained IPAC physician and/or an infectious diseases physician or other physician with knowledge of infectious diseases (e.g., local Medical Officer of Health) supports the IPAC program.
- A trained IPAC physician acts as a resource to the IPAC program.
- The IPAC physician has specialized post-graduate training in IPAC.

AND

Interviews:

SAMPLE Interview Question for IPAC staff, supervisor/manager: *Is there a qualified physician dedicated to the IPAC program and is he/she readily accessible and available when needed?*

A positive response includes BOTH of the following:

- IPAC staff have a competent physician lead for support and advice.
- The IPAC physician is accessible and available to IPAC staff when needed.

SAMPLE Interview Question for IPAC physician: *Is your IPAC time protected?*

A positive response includes at least ONE of the following:

- There is a dedicated, fulltime medical IPAC position.
- IPAC time is designated and protected.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program strategic plan/operational plans
IPAC physician position description or contract, IPAC department organizational chart

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff
IPAC physician

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

STANDARD #82 MET:

YES
SCORE: 4

MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 83

IPAC staff shall have access to intellectual resources required to satisfy the functions of the IPAC program.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: The organization ensures the availability of key resources to support the IPAC program as required by legislation, best practices and the organization's strategic plan.

QUALITY: Intellectual resources consist of relevant standards, guidelines, best practices, legislation, textbooks and IPAC journals necessary to develop the IPAC manual and other protocols and procedures.

Document Review: A positive finding includes ALL of the following:

- IPAC staff identify and prioritize standards, guidelines, best practices, textbooks, IPAC journals and other intellectual resources required to develop up-to- date IPAC protocols and procedures for the health care organization.
- Relevant standards, guidelines and best practices that must be purchased are included in the IPAC program budget (e.g., textbooks, CSA standards).
- IPAC staff are able to access relevant electronic IPAC standards, guidelines, best practices and legislation.

SAMPLE DOCUMENTS TO REVIEW:

IPAC budget, financial records,
purchasing/procurement, equipment
purchase records, variance reports

AND

Interviews:

SAMPLE Interview Question: Are IPAC intellectual resources current and accessible?

A positive response includes ALL of the following:

- IPAC staff have ready access to intellectual resources within the health care organization.
- Staff are able to purchase paper/hard copies of intellectual materials when required (e.g., textbooks, CSA standards).
- IPAC staff regularly review their usage of their intellectual resources to ensure that they are up-to-date and regularly consulted.

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AND

- Observational Tour: A positive observation includes BOTH of the following:
- IPAC staff have access to intellectual resources such as textbooks, IPAC journals, CSA standards, guidelines, best practices and legislation.
 - Intellectual resources are current and no older than five years.

AREAS TO TOUR:
IPAC offices (including IPAC supervisor/manager)
Facility libraries

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

STANDARD #83 MET:

YES
SCORE: 4

MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 84

IPAC staff shall be equipped with current electronic tools to support the IPAC program.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: The IPAC program invests in electronic means of communication and resource acquisition.

QUALITY: Electronic communications and resources are an important tool to enable access to current information.

- Document Review: A positive finding includes ALL of the following:
- There are protocols and procedures relating to the use of electronic tools for IPAC program management.
 - There is evidence that electronic equipment and software has been purchased for the IPAC department.
 - There are training records or other evidence indicating that IPAC staff have received training with electronic equipment (e.g., computers, tablets, hand-held devices) and software (e.g., word processing program, PowerPoint, database use) required for IPAC program management.

AND

Interview: **SAMPLE Interview Question: *Are there adequate computer resources, including technical support, for the IPAC program to meet its IPAC program needs?***

- A positive response includes ALL of the following:
- IPAC staff indicate that they have access to various electronic methods of access and communication (e.g., computers, printers, internet, e-mail, mobile devices).
 - Computers are in sufficient supply to meet program and individual ICP needs.
 - Computers are in good operating condition, e.g., memory and speed of operation is effective, operating systems meet current needs, software programs align with program needs.
 - There are readily available technical services to assist IPAC staff in troubleshooting electronic equipment issues.
 - Plans are in place to provide hand-held devices (e.g., tablet, phone) for data collection.

AND

SAMPLE DOCUMENTS TO REVIEW:

- IPAC program protocols/procedures
- IPAC IT equipment purchase requests, records of computer hardware/software upgrades
- IPAC program information technology (IT) installation, training records, technical support, IT budget related to IPAC
- IPAC staff education records, IPAC staff self-audits
- IPAC surveillance program statistical software

PERSONS TO INTERVIEW:

- IPAC supervisor/manager
- IPAC staff
- Information technology staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Observational Tour: A positive observation includes ALL of the following:

- A computer system with electronic mail and internet access is available to each ICP.
- The IPAC program has access to robust computer software for data management, (e.g., spreadsheets such as Excel and Access), word processing (e.g., Word, WordPerfect) and education presentation software, (e.g., PowerPoint).

AREAS TO TOUR:
IPAC offices

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

STANDARD #84 MET:

YES
SCORE: 4

MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.2 IPAC Program Administration

STANDARD 85

IPAC staff shall have electronic access to internal and external communication resources for the purpose of collaboration and education.

[Reference: IPAC Standard, section 3.2.5]

INDICATOR: IPAC staff are able to communicate effectively via electronic means.

QUALITY: The health care organization provides an electronic communications environment to the IPAC team to enable them to effectively manage their programs.

Document Review: A positive finding includes BOTH of the following:

- Infection control professionals (ICPs) receive continuing education via electronic means (e.g., teleconferencing, videoconferencing, webinars).
- ICPs collaborate with their peers via electronic means (e.g., e-mail, teleconferencing, videoconferencing).

AND

Interviews: **SAMPLE Interview Question: *Do you have electronic capabilities for obtaining education and for communication with others?***

A positive response includes BOTH of the following:

- IPAC staff are able to access electronic communications equipment for education (e.g., teleconference, videoconference, webinar, internet)
- IPAC staff are able to electronically collaborate with other staff in the organization and with external peers (e.g., e-mail, Skype, electronic discussion boards, webinars, teleconference, videoconference).

AND

Observational Tour: A positive observation includes ALL of the following:

- A computer system with electronic mail and internet access is available to each ICP.
- Computers are in sufficient numbers and in good operating capacity for the IPAC staff, and for efficient service delivery.
- Teleconference/videoconference facilities are available to ICPs.

SAMPLE DOCUMENTS TO REVIEW:

IPAC meeting minutes from teleconference meetings
IPAC program goals/objectives
IPAC internal website (intranet), electronic discussion boards, electronic messaging to staff
IPAC external website materials, IPAC social media
IPAC staff education records
IPAC IT equipment purchase requests, records of computer upgrades
IPAC program information technology (IT) installation, training records, technical support, IT budget to IPAC

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

AREAS TO TOUR:

IPAC offices

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#85 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.3 IPAC Performance Management

STANDARD 86

The health care organization's leaders shall develop and implement a defined and integrated quality management system to assess IPAC performance and improve IPAC quality in the health care organization.

[Reference: IPAC Standard, section 3.3.1]

INDICATOR: Senior management communicates their commitment to the IPAC program at least annually through compliance monitoring and assessment of staff performance.

QUALITY: Managers and supervisors have accountability and responsibility for IPAC program initiatives affecting their staff and patients.

Document Review: A positive finding includes ALL of the following:

- Specific IPAC program responsibilities have been written for managers and supervisors.
- There is evidence of communication from senior management concerning the expectations for staff in relation to the IPAC program.
- The organization sets specific IPAC program targets and goals that are monitored at the organizational level.

AND

Interviews:

SAMPLE Interview Question: *What are the responsibilities of senior managers, department managers and supervisors in the organization's IPAC program?*

A positive response includes at least THREE of the following:

- Senior management is responsible to ensure that staff are trained and competent in IPAC (e.g., provision of IPAC education and training).
- There is evidence of regular communication from senior management on the organization's expectations of staff, patients, volunteers and visitors in relation to the IPAC program (memos, area tours, meeting minutes, e-mails, etc.)
- Adherence to IPAC program practices is part of the performance review process.
- Managers post IPAC surveillance reports within the organization and understand their importance.

SAMPLE DOCUMENTS TO REVIEW:

Manager/supervisor job descriptions
Staff job descriptions, performance review protocols and forms
Senior management meeting minutes
Executive meeting minutes
Communications from senior management
IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports
Departmental education/training records
IPAC educational materials/activities, attendance records

PERSONS TO INTERVIEW:

Senior management
Department managers/supervisors
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- Managers enforce IPAC program practices (e.g., IPAC signage, restricted areas).

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#86 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.3 IPAC Performance Management

STANDARD 87

ICPs and other IPAC staff shall demonstrate competence in infection prevention and control.

[Reference: IPAC Standard, section 3.3.2]

INDICATOR: The health care organization must ensure that the IPAC program is staffed by individuals who are competent and knowledgeable about IPAC principles and practices, and this competency is evaluated on a regular basis.

QUALITY: The health care organization values and ensures staff competency in IPAC.

Document Review: A positive finding includes BOTH of the following:

- Infection control professionals and other IPAC staff demonstrate continued competence in basic infection prevention and control.
- IPAC staff performance reviews are conducted on a planned basis.

Optional additional item:

- IPAC staff receive additional education and training in IPAC-related areas, such as reprocessing, construction and renovation, etc.

AND

Interviews:

SAMPLE Interview Question: *How are IPAC staff evaluated on the performance of their duties?*

A positive response includes at least FOUR of the following:

- IPAC staff have clearly identified job duties relevant to the IPAC program's goals and objectives, client mix and care activities of the organization.
- Performance reviews for all IPAC program staff are conducted on a planned basis, e.g., annually.
- Both the individual being assessed and the manager/supervisor doing the assessment sign the final assessment summary.
- The organization has a process for dealing with staff who are not performing satisfactorily.
- IPAC program goals and objectives are met, e.g., accreditation standards, process and outcome audit reports.
- IPAC self-assessment auditing tools are used by IPAC staff to evaluate their IPAC performance, such as IPAC Canada's self-assessment audit tool.

SAMPLE DOCUMENTS TO REVIEW:

IPAC staff position descriptions/contracts
IPAC staff performance review forms and protocols
IPAC educational materials/activities, attendance records, evaluation forms, course certificates
IPAC staff education records, IPAC staff self-audits, certification records

PERSONS TO INTERVIEW:

IPAC supervisor/manager
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#87 MET:**

YES
SCORE: 5
HIGH RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.3 IPAC Performance Management

STANDARD 88

An IPAC performance management program shall be evident in the health care organization, including an IPAC performance review for staff.

[Reference: IPAC Standard, section 3.3.3]

INDICATOR: There is an organization-wide system for monitoring and improving staff compliance with IPAC protocols and procedures that is implemented across all levels in the health care organization.

QUALITY: IPAC performance management is an ongoing process of communication between supervisors/managers and staff that occurs throughout the year, in support of accomplishing the IPAC strategic objectives of the health care organization.

Document Review: A positive finding includes ALL of the following:

- An IPAC performance management program is evident in the organization.
- Adherence to IPAC practices is part of the staff performance review.
- Staff demonstrate knowledge and understanding of IPAC principles.
- Staff are provided with feedback on their performance in relation to IPAC on an individual or group basis, e.g., key IPAC performance indicators are shared with staff.

AND

Interviews:

SAMPLE Interview Question: *How are you evaluated on your performance related to IPAC (e.g., hand hygiene, disinfection and cleaning, patient care practices, prevention of the spread of diseases)?*

A positive response includes at least TWO of the following:

- Staff receive regular IPAC performance appraisals with feedback.
- Staff receive positive reinforcement from supervisors.
- Audit results are provided to staff (e.g., hand hygiene).
- Staff receive feedback from staff training sessions (e.g., results of questionnaires, written exams, practice exams).

SAMPLE DOCUMENTS TO REVIEW:

IPAC awareness campaign materials, brochures, records, "just in time"/continuing education, pre/post-test results

IPAC orientation materials

IPAC core competency training materials

IPAC educational materials/activities, attendance records

Departmental education/training records

Staff knowledge/practice surveys, focus groups, questionnaires

Staff performance review protocols

Work contracts/contractor agreements

PERSONS TO INTERVIEW:

Senior management

Department managers

Front-line staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

STANDARD #88 MET:

YES
SCORE: 4

MODERATE RISK

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.4 Assessment and Evaluation of the IPAC Program

STANDARD 89

There shall be a process to evaluate the quality of the IPAC program.

[Reference: IPAC Standard, section 3.4.1]

INDICATOR: The IPAC program is regularly evaluated in order to make improvements.

QUALITY: The quality of a program determines its value within the health care organization.

- Document Review: A positive finding includes at least THREE of the following:
- The IPAC program has clearly identified methods to evaluate how it will meet its goals.
 - Surveys and questionnaires relating to the IPAC program have been developed for staff and patients.
 - Evaluation forms are completed following IPAC educational offerings.
 - IPAC resources are evaluated to ensure that IPAC goals may be met with the resources in place.
 - Notifiable diseases are reported in a timely fashion.
 - There are processes to evaluate the impact of having an IPAC presence on multidisciplinary committee(s) or team(s).

AND

Interviews: **SAMPLE Interview Question: *Have stakeholders been surveyed regarding IPAC service?***

- A positive response includes at least ONE of the following:
- Staff are surveyed (formally and/or informally) on an ongoing basis to determine if the IPAC program is supporting or meeting their needs.
 - Patients and their families are surveyed regarding their understanding of IPAC procedures.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program protocols/procedures
Internal/external stakeholder consultations
IPAC educational materials/activities, evaluation forms
Staff knowledge/practice surveys, focus groups, questionnaires
Accreditation documentation, reports, recommendations
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits
IPAC quality/risk improvement activities, quality/risk meeting minutes, departmental quality reports

PERSONS TO INTERVIEW:

Senior management
Department managers
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#87 MET:**

YES
SCORE: 4
**MODERATE
RISK**

NO
SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

3.4 Assessment and Evaluation of the IPAC Program

STANDARD 90

The health care organization shall make ongoing improvements to its IPAC program.

[Reference: IPAC Standard, section 3.4.2]

INDICATOR: Results of IPAC program evaluations and reports are used to make improvements.

QUALITY: Ongoing improvements to a program ensure that stakeholder needs continue to be met, resulting in the program's success.

Document Review: A positive finding includes at least THREE of the following:

- IPAC program annual report includes recommendations for improvements to the IPAC program, requests for funding to support these improvements, supported by evidence from the program evaluation.
- The results of staff and patient surveys are reviewed and recommendations for improvement are considered for present or future program goals and objectives.
- Findings from outbreaks, surveillance activities and audits are critically evaluated, with recommendations for improvements based on those findings.
- Ongoing improvements are incorporated into protocols and procedures.
- When new programs are developed that have IPAC implications, the IPAC program is effectively resourced to support this new program.

AND

Interviews:

SAMPLE Interview Question: *When a new or updated IPAC program is put into place, how does the organization ensure the program's success?*

A positive response includes at least ONE of the following:

- IPAC staff have dedicated time to analyse and critically evaluate IPAC information and data.
- Staff are made aware of IPAC improvements in their work e.g., results of audits/infection rates over time, etc.
- Increase of IPAC staff or funding by the organization to support programming changes.

SAMPLE DOCUMENTS TO REVIEW:

IPAC program goals/objectives
IPAC program protocols/procedures
IPAC program annual report/action plans
IPAC budget, financial records, purchasing/procurement, equipment purchase records
Outbreak management team (OMT) reports, surge capacity plans, action plans
IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans
IPAC quality/risk improvement activities, feedback to staff, action plans

PERSONS TO INTERVIEW:

Senior management
Department managers
IPAC staff

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

- The organization promotes an ongoing evaluation culture to support existing and new IPAC programs.

Positive findings and innovative program(s):

Deficiencies requiring immediate action:

Other notes:

**STANDARD
#90 MET:**

YES

SCORE: 4

**MODERATE
RISK**

NO

SCORE: 0

N/A

SCORE = __

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

APPENDIX A – DOCUMENT LIST AND RELATED STANDARDS

The following are sample document that may be reviewed to determine if an IPAC standard has been met according to the documentation. Standards relating to each particular document are indicated, for the convenience of the auditor.

Document Classification	Type of Document	Standards Addressed by the Document
ASP Program	ASP protocols/procedures	27
	ASP terms of reference/minutes/reports	27
Collaboration, Communication, Promotion	Communications from senior management	1,2
	Internal/external stakeholder consultations	8,67,89
	Infection Control Week materials, documentation	3,4,11
	IPAC publications, promotional materials	3,9,60,61
	IPAC-related signage/posters	1,3,4,7,10,18,31,32,39,54,55
	IPAC newsletters, bulletins, information messaging systems	1,3,4,7,9,10,26,32
	Media reports	8,18,39
	Patient surveys, post-discharge questionnaires, ombudsman reports	8,18,32,67
Committee Meeting Minutes	Staff knowledge/practice surveys, focus groups, questionnaires, town halls, suggestion boxes	8,9,31,32,57,88,89
	IPAC committee minutes, terms of reference, communications, memos, records, membership	1,3,7,9,19,20,21,24,25,26,27,28,29,32,40,44,46,48,50,52,57,58,60,61,62,63,64,65,66,67,69,70,71,72,75,88
	Board/executive meeting minutes	2,63,64,86
	Senior management meeting minutes	2,19,20,21,26,28,44,63,64,65,86

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Document Classification	Type of Document	Standards Addressed by the Document
	Departmental meeting minutes, protocols/procedures: <ul style="list-style-type: none"> • Patient care committee • Pharmacy • Communications • Education and Training • Emergency room protocols/procedures • Patient flow committee minutes 	5,9,40,59 18 27 1,8 5 33 33
Emergency Response	Emergency response meeting minutes, terms of reference	43
	Emergency response communications, memos, audits	43
	Emergency protocols/procedures for loss of potable water, flooding, sewage backup	41
	Emergency response preparedness guides for departments	41,43
	Emergency response audits, drills and tabletop reports	41,43
	Emergency response action plans	41,43
	Emergency response forms, templates, algorithms and line listing forms	41
Occupational Health & Safety (OHS) Related to IPAC	Annual influenza vaccine program materials	49
	Attendance management protocols and processes, training materials for work when ill	50
	IPAC-related critical incident management protocols and processes	7,51
	OHS hand care program protocols, reports on staff concerns related to hand care	29,56
	OHS inspection records	44
	OHS protocols/procedures related to IPAC	6,44,45,46,47,48,49,50,51,52,56

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Document Classification	Type of Document	Standards Addressed by the Document
Occupational Health & Safety (OHS) Related to IPAC, con't.	OHS meeting minutes, terms of reference, communications, memos	28,44,46,48,49,50,52
	Post-exposure follow-up protocols, forms, reports, tools, communication process	47,48,49,50,51
	Staff immunization program records/forms	49,51
	Pre-placement staff health assessment protocols, forms related to IPAC	47,48,49,55,56
	Respiratory protection program, fit testing, training, records	55
	Incident investigations/communicable disease exposure reports	6,47,50,51,52
Human Resource Management	IPAC staff performance review forms, protocols, requirements	17,60,80,81,87
	Organization/management/supervisory job descriptions	1,86
	Staff job descriptions, performance review protocols and forms	86,88
	Work contracts/contractor agreements	59,87,88
Information Management	IPAC information management plan	73,84
	IPAC internal website (intranet), electronic discussion boards, electronic messaging to staff	1,2,3,8,9,10,11,26,39,61
	IPAC external website materials, IPAC social media	1,3,9,10,18,26,39,61,85
	IPAC IT equipment purchase requests, records of computer hardware/software upgrades	73,75,84,85
	IPAC program information technology (IT) installation, training records, technical support, IT budget related to IPAC	73,75,77,84,85
	Protocols/procedures dealing with confidentiality of patient information	74
IPAC Program Administration	IPAC communications protocols for sentinel infection/ infection clusters	35,74,85
	IPAC position descriptions/contracts, IPAC department organizational chart	63,65,71,79,80,81,82,87
	IPAC program annual report/action plans	2,32,40,65,69,70,71,72,77,90

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Document Classification	Type of Document	Standards Addressed by the Document
IPAC Program Administration, con't.	IPAC program goals/objectives	1,2,4,11,12,13,14,15,16,17,18,19,20,21,24,25,26,57,66,69,70,72,77,78,79,80,82,85,90
	IPAC program mission, vision, values	2
	IPAC program needs assessments	67,68,73,77
	IPAC program protocols/procedures	1,2,4,5,6,7,8,12,13,14,15,16,17,18,19,20,21,23,24,25,26,27,28,31,32,33,34,35,36,37,38,40,41,43,44,45,46,47,48,50,51,52,53,54,57,58,60,61,62,66,70,74,76, 89,90
	IPAC program strategic plan/operational plans	1,2,4,7,12,19,25,57,60,62,64,65,66,68,70,72,73, 75,77,78,79,80,81,82
	SWOT analyses of IPAC program	67
Outbreak Management	Outbreak management team (OMT) protocols/procedures, reports, minutes, line listing forms, surge capacity plans, records, action plans	7,8,11,23,24,25,27,34,36,37,38,39,40,46,65,66,67,68,69,70,75,78,79,90
Patient Placement & Safety	Admissions/discharge protocols/procedures, screening forms	7,22,33
	Annual influenza vaccine program materials	49
	Patient transfer protocols, forms	33,39
Finance, Purchasing & Procurement	Evaluation of hand hygiene product trials, hand hygiene product evaluation tools, checklists, survey results	29
	IPAC budget, financial records, purchasing/procurement, equipment purchase records, variance reports	5,58,72,73,75,77,78,79,80,83,90
	Purchasing policies/practices, minutes, records, evaluation of IPAC-related products	29,52,53,54,56
Research	Collaborative research meeting minutes, demographic reports	8, 62
	Communications from senior management	1,2,86
	Organizational strategic plan/annual report	1,2,12,44,57,64,68

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Document Classification	Type of Document	Standards Addressed by the Document
Senior Management and Executive Administration	Accreditation documentation, reports, recommendations	21,24,26,27,68,89
	Organizational goals, mission, vision, values statements	2,7
	Organizational reporting structure/organizational chart	2,63,65,71
	Organizational risk assessment and action plans	34,67
Staff and Patient IPAC Education	Departmental education/training records	5,7,11,15,16,46,59,86,88
	IPAC core competency training materials	4,6,7,13,14,15,16,28,31,32,48,52,54,55,56,58,59,66,88
	IPAC educational materials/activities, attendance records, evaluation forms, course certificates	1,3,5,6,7,9,11,13,14,15,16,17,20,31,32,46,48,50,52,56,58,59,61,66,77,80,86,87,88,89
	IPAC awareness campaign materials, brochures, records, "just in time"/continuing education, pre/post-test results	1,3,4,11,13,14,16,31,32,54,56,58,66,88
	IPAC staff education records, IPAC staff self-audits, certification records	11,17,49,73,77,80,81,84,85,87
	IPAC orientation materials, patient/visitor IPAC education materials	7,13,15,18,48,49,50,56,58,66,88
Surveillance	Shared electronic data bases, surveillance data and information (paper/hard copy)	22,74
	Infection report forms for clinical areas (e.g., central line insertion data, post-surgical infection report forms)	21,22,23,35
	IPAC surveillance program protocols/procedures, process/outcome surveillance reports, audits, risk assessments, action plans, statistical resource texts, statistical software	6,9,10,16,19,20,21,22,23,24,25,26,27,31,32,35,37,40,52,53,54,55,56,60,61,62,63,64,65,66,67,68,69,70,72,73,74,78,84,89,90
	Microbiology lab protocols/procedures, Microbiology reports, data links, surveillance reports developed for IPAC	22,23,27,35,38,76
Quality and Risk	IPAC quality/risk improvement activities, feedback to staff, action plans, quality/risk meeting minutes, departmental quality reports	6,7,9,16,19,21,23,25,26,27,32,40,60,61,62,64,66,69,70,72,74,78,86,89,90

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

APPENDIX B – A PRACTICAL GUIDE FOR CONDUCTING STAFF INTERVIEWS

Prior to any observations in the workplace, there should be an assessment of staff knowledge regarding the application of IPAC standards while carrying out their duties. The auditor may collect this information with formal **Staff Interviews**, with a questionnaire or from ad hoc staff questioning during the observational tour. The advantage to questioning staff directly is that the interviewer can adjust and expand questions according to the answers derived, to get a better sense of how (or whether) an IPAC standard has been implemented. *Staff should be advised that all interview records are confidential and will be destroyed once reports and follow-up meetings have been completed.*

Preparation of the Interviewer

Interview results are often dependent on the techniques used by the interviewer. Listening skills are important and the auditor should be able to ask questions in an engaging manner, to obtain the full cooperation of the interviewee. To be fully engaged, staff should understand that their responses will help to make a difference to the IPAC program in their organization. The auditor remains objective and professional throughout the interview. For more information about interviewer preparation, see Section 5.2.2 in *Auditing the IPAC Program*.

Interview Questions

The purpose of an interview is to answer the question, *Is there a perception that an IPAC standard has been met?* Questions are asked in a manner that relates to the individual's job or role and **the interviewee is encouraged to expand on his/her answers with more information as needed**. Telephone interviews are particularly useful for interviewing busy managers and supervisors.

Interview questions should be flexible in content and style and tailored to the individual being interviewed. The auditor may need to re-word questions to suit the knowledge base and skill set of the person being interviewed. The sample questions offered in the workbook may be re-worded or alternative questions may be asked to achieve the desired result, i.e., corroboration that an IPAC standard has, or has not, been met.

Interview Procedure

- Introduce and explain the interview process and purpose to the interviewee.
- Discuss some of the interviewee's background information, so that questions can be asked in a manner that relates to the individual's job.
- Ask the questions on the audit tool. Re-word them if needed. Expand on them if you didn't get enough information. Record key words and comments in the Notes section.
- Check the box if the question has been answered sufficiently to indicate that the standard has been met.
- The entire interview should take no more than 15 minutes.

Scoring the Interview

When interviews are finished, the auditor determines the overall answer to each evaluation question based on the instructions for scoring for that specific question. A positive response is the number of boxes that must be checked for the standard to have been met and verified by interview (e.g., "A positive response includes **BOTH** of the following"). **When more than one individual is interviewed, at least 70% of responses must be positive for the standard to have been met** (see sample below).

When conducting multiple staff interviews during an IPAC program audit, it may be useful to keep track of the status and work shift of the person being interviewed, to be sure that all categories of workers participate in the audit and to determine if deficiencies are related to particular work shifts or staff groups.

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

The attached form (*Audit Interview Question Worksheet*) is designed to assist the auditor with documentation of staff information provided by those with different positions and work hours. All interview records are confidential and should be destroyed once the final written report is provided.

Example: 10 health care workers are interviewed. The following notes are made by the auditor regarding the status and work shift of those interviewed:

STD #	INTERVIEW QUESTION	RESPONSE	
		MET	NOT MET
4	<p><i>Who are the IPAC Champions in your organization and what impact have they had on your performance?</i></p> <p>FT: PT: Casual: Days: ++++ Evenings: Nights: Weekends: IPAC manager: IPAC staff: Senior management: Clinical managers: </p>	<p>++++ </p>	<p> </p>

Auditor instruction for scoring: Since only 6 out of 10 (60%) of responses are positive, Standard 4 has not been met and the score would be 0.

The attached form may be used by the auditor during the interview portion of the audit.

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

AUDIT INTERVIEW QUESTION WORKSHEET

STD #	INTERVIEW QUESTION (A sample is provided)	RESPONSE	
		MET +ve	NOT MET -ve
4	<p><i>Who are the IPAC Champions in your organization and what impact have they had on your performance?</i></p> <p>FT: PT: Casual: Days: Evenings: Nights : Weekends: IPAC manager: IPAC staff: Senior management: Clinical managers: </p>	<p> </p>	<p> </p>

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

APPENDIX C – SAMPLE FORMS AND ACTION PLAN

A. Audit Summary Score Sheet

The Audit Summary Score Sheet is a quick tally of the score achieved for each standard that is audited, compared to the total achievable score. It is intended to be used when auditing IPAC Canada’s *IPAC Program Standard*. Add additional rows as required. This form is available in a Word format on the IPAC Canada website.

**** NOTE: If a standard is scored N/A, it should not be included in the scoring or summaries.**

Audit Date(s): _____

Auditor(s): _____

Area(s) Audited: _____

Std #	Standard	Assigned Risk Score	Achieved Score
TOTAL:			
PROPORTION:		100 %	%

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

B. Audit Results Overview

The Audit Results Overview highlights the audit process used, offers positive feedback and suggestions for improvements. The Audit Results Overview is intended to be used as part of a final formal report to be presented to administration from the auditor. Notes taken by the auditor and recorded in the auditor workbook may be used to complete the Audit Results Overview.

**** NOTE: If a standard is scored N/A, it should not be included in the scoring or summaries.**

Audit Date(s): _____

Auditor(s): _____

Area(s) Audited: _____

Standard(s) Audited: _____

Overall impression of the audited area(s):

Comments on audit process used:

Review of Documents:

Staff Interviews:

Observational Tour:

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Positive Findings and Innovative Programs:

Deficiencies Requiring Immediate Review or Action:

Other Notes:

Signature of Auditor

Date

Signature of Area Manager/Supervisor

Date

Signature of Infection Control Professional

Date

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

C. Audit Deficiency Action Plan

The Audit Deficiency Action Plan highlights deficiencies from the audit and focuses on areas that need improvement. The risk weights assigned to standards that need improvement are used for **sequencing** and scheduling the improvements. The Audit Deficiency Action Plan is intended to be used when auditing IPAC Canada's *IPAC Program Standard*.

Instructions for Using the Audit Deficiency Action Plan Form

This form is intended for areas requiring extensive audits or issues that require ongoing action, action involving multiple departments or action that is not resolved within 30 to 60 days of the audit.

**** NOTE: If a standard is scored N/A, it should not be included in the audit summary and action plan.**

1. Bring forward any deficiencies noted from the time of the audit that were not corrected at/during the audit.
2. Indicate all action(s) anticipated to address the deficiency.
3. Ensure that responsibility has been assigned to the most appropriate person(s) who has the responsibility/resources/knowledge to address the deficiency.
4. Attach a "due date" for review of progress on the resolution of the deficiency.
5. Attach a "closed date" that the deficiency was addressed.
6. Ensure that the person(s) assigned responsibility for the deficiency signs off on the Audit Deficiency Action Planning Form.
7. Whenever possible, key individuals in the health care organization who need to be involved in deciding the action(s) to be taken to address any deficiency should meet together. This will assist in obtaining the support needed to address the deficiency.
8. Present the Audit Summary Score Sheet, Audit Summary Overview and the Audit Deficiency Action Plan to key stakeholders/committees in the health care organization.
9. Update and provide follow-up reports to key stakeholders/committees on a regular basis and as needed until all deficiencies are addressed.
10. If a deficiency will require capital funding, additional resources, new construction etc. in order to resolve them, it will be important to document the progress on these actions at regular intervals to ensure that movement towards closing the deficiency is achieved.

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

Audit Deficiency Action Plan

(Add extra pages as needed)

Organization: _____

Area(s) Audited: _____

Date(s) of Audit(s): _____

Auditor(s): _____

Overall Compliance Risk Score (%):

EXTREME RISK ITEMS (SCORE = 6)						
Std #	Assigned Risk Score	Achieved Score	Recommended Action Plan and Rationale	Lead Person	Target Date for Completion	Date Completed
	6					
	6					
	6					

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

HIGH RISK ITEMS (SCORE = 5)						
Std #	Assigned Risk Score	Achieved Score	Recommended Action Plan and Rationale	Lead Person	Target Date for Completion	Date Completed
	5					
	5					
	5					
	5					
	5					
	5					
	5					
	5					
	5					
	5					

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

MODERATE RISK ITEMS (SCORE = 4)						
Std #	Assigned Risk Score	Achieved Score	Recommended Action Plan and Rationale	Lead Person	Target Date for Completion	Date Completed
	4					
	4					
	4					
	4					
	4					
	4					
	4					
	4					
	4					
	4					

IPAC PROGRAM AUDIT TOOL: AUDITOR WORKBOOK

LOW RISK ITEMS (SCORE = 3)						
Std #	Assigned Risk Score	Achieved Score	Recommended Action Plan and Rationale	Lead Person	Target Date for Completion	Date Completed
	3					
	3					
	3					

Action to be taken by Infection Prevention and Control staff:

 Signature of Area Manager/Supervisor Date

 Signature of Infection Control Professional Date