Surgical Site Infection Audit Process

Contractor Packet, 2016

Contents

[On-Site Audit Process (First time High SIR Audit Visit) ………………………1](#_Toc387834946)

[Responsibilities of a Designated Contact(s) 3](#_Toc387834947)

[Responsibilities of Auditor 3](#_Toc387834948)

[Responsibilities of DSHS when using contract auditors 3](#_Toc387834949)

[General Timeline of Audit Process 3](#_Toc387834950)

### On-Site Audit Process (First-time High SSI SIR Audit Visit)

A site visit provides the opportunity to explore barriers to correct reporting, to discuss possible solutions, and if necessary, to meet face-to-face with key facility authorities. The sole focus is on accurate reporting and understanding of the NHSN criterion.

A description of the audit process is as follows:

* DSHS will contact the facility to notify them of audit. This notification will include a list of the medical records being audited, a description of the on-site audit process and an SSI Data Collection Practices Survey.
* The auditor will contact the designated contacts of the selected facilities, per TxHSN contact information, and coordinate date and time for site visit. Site visits will be scheduled to allow for sufficient time to pull the records and complete other applicable paperwork to enable access to medical records
* After agreeing upon a date/time for the visit, auditor must notify DSHS of the date/time.
  + DSHS will contact Regional Health Departments to notify them of upcoming audit and invite one representative to attend.
* Each facility will designate an Audit Liaison, ex: a designated contact or Infection Preventionist, who will have the following responsibilities:
  + Handling the logistics of the audit, including date selection and scheduling the site visit
  + Greeting the auditor upon arrival at the hospital
  + Filling out and submitting the Data Collection Practices survey prior to the audit
  + Facilitating physical access to medical records and assuring that the auditor signs appropriate data confidentiality documents, if requested.
    - The auditor, together with the Audit Liaison, will determine if electronic medical records will be copied onto paper or viewed directly on a computer.
    - Navigating the facility’s electronic medical records system
    - To address questions related to data protection and confidentiality, a letter is prepared and signed by the state health commissioner, describing the authority to review medical records and the responsibility of the auditor to protect patient and provider confidentiality. A copy of the letter will be given to the facility in advance if requested and made available during the audit
  + Arranging for the auditor to interview key staff involved in the collection of numerator and denominator data

Auditor will send the Audit Liaison a list of the medical records to be reviewed.

* On the day(s) of the site visit, the auditor will:
  + Hold an orientation session. The auditor, audit liaison and any facility representatives such as a designated contact, facility administrator, a representative of the infection control program, etc. will meet for approximately 30 minutes at the beginning of the visit. At this session, the auditor will document the names of any attendees present. Topics for discussion include but are not limited to the data collection practices and timeline for the day.
  + Interview appropriate facility personnel. The auditor, in order to capture surveillance methodology, data collection practices, and adherence to NHSN protocol may ask to speak with any applicable facility personnel as needed. Auditor may note interview attendees that participated in the on-site interview.
    - The auditor may provide education based on responses to the in-person interview and verification of surveillance methodology and data collection practices.
  + Review charts to abstract data and apply the appropriate NHSN case definitions. A standard data abstraction form will be used to abstract the data. If the auditor has a question about a difficult/ambiguous case, they will confer with NHSN to make a final determination.
  + End the visit with a debriefing. Upon completion the auditor and audit liaison (and any additional parties) will convene again to share findings, recommendations and reconcile any points that might be in question.
* Summary of Findings sent to facilities
  + Auditor will write a summary of audit and send to Facility Administrator (via email) and Designated Contact(s) (via email), and send within 30 days from date of audit. The summary will include answers for the collection practices, tracking of procedures and infections, process of follow-up, data quality control, trainings, performance improvement activities, records reviewed, recommendations and conclusions.

### Responsibilities of a Designated Contact(s)

* Designate an Audit Liaison to be responsible for:
  + Handling the logistics of the audit including date selection and scheduling the site visit
  + Greeting the auditor upon arrival at the hospital
  + Filling out and submitting the Data Collection Practices survey prior to the audit
  + Facilitating physical access to medical records and assuring that the auditor signs appropriate data confidentiality documents , if requested by the facility
* Assist with sit-down discussions with the auditor, to meet key staff involved with surveillance
* Discuss case classification when there is a discrepancy between the auditor and what is entered in NHSN

### Responsibilities of Auditor

* Remain current on NHSN protocols
* Contact the Designated Contact(s) of assigned facilities to discuss audit process
* Work with assigned facilities to schedule site visits
* Sign any relevant data confidentiality documents
* Remind audit liaison to submit data collection practices survey prior to audit
* Conduct site visits including reviewing charts, interviewing staff, and conferring with NHSN on difficult/ambiguous cases
* Resolve discrepancies in case classification with assigned facilities, as necessary
* Provide input into training on lessons learned from audit
* Write summary of audit and send to Facility Administrator (via mail) and Designated Contact(s) (via email), to be sent no greater than 30 days from date of audit.
* Send all documents used during the audit to DSHS contact within 30 days of deadline

### Responsibilities of DSHS when using contract auditors

* Define timelines and expectations
* Contact designated contact(s) to alert on facility selection, use of contract auditors, and define expectations.
* Send assigned facilities a list of medical records to be reviewed
* Send all necessary information to contract auditors prior to contacting facilities
* Provide necessary forms and guidelines to auditors

### General Timeline of Audit Process

* Facilities contacted outlining overview of audit
* Letter sent to each selected facility’s administrator (with a copy of email send to the facility Designated Contact(s) outlining the audit project
* Auditor assigned to facility will discuss the schedule and list of records to be audited with the Designated Contact(s). Auditor will work with audit liaison to set up a date for site visit far enough in advance so that desired records will be available during the visit.
* List will include at minimum, NHSN Event ID, patient DOB, and date of event
* Any necessary data confidentiality forms will be signed by auditor
* Audit liaison submits completed data collection practices survey
* Site visit conducted
* Summary report sent to Facility Administrator and Designated Contact(s) within 30 days from audit visit.