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Te Whatu Ora

Health New Zealand

Waitematā

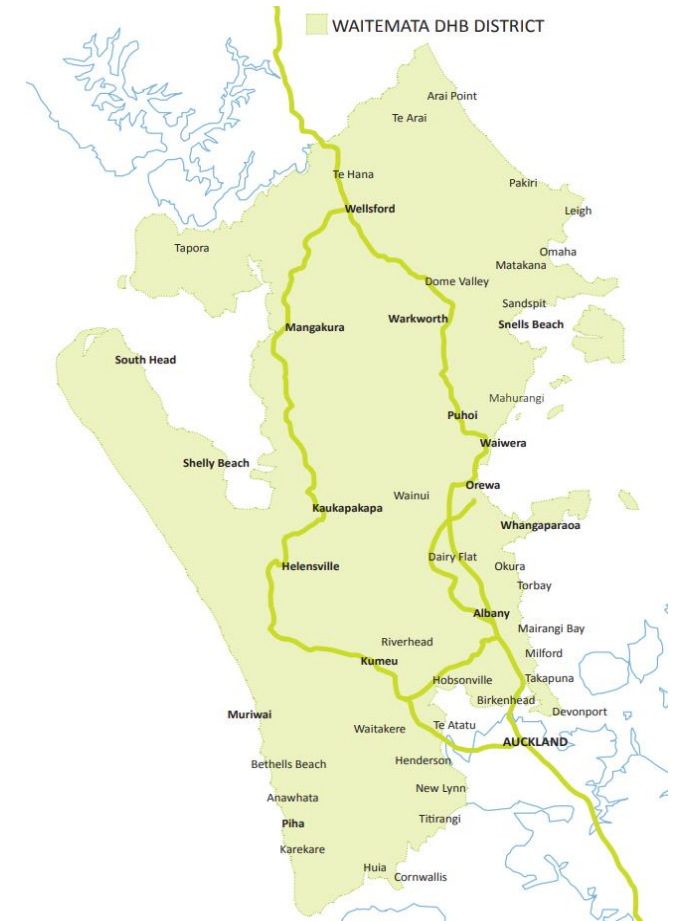
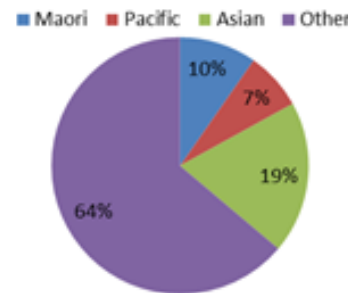
**How electronic auditing
revolutionised management feedback
and helped to provide quality
assurance to all during COVID-19**

Infection Prevention – Waitematā

June 2023

About Te Whatu Ora Waitematā

- Where are our community?
 - Te Whatu Ora - Waitematā serves the areas of the North Shore, Waitākere, and Rodney extending to Wellsford in the north and as far south as the Auckland Harbour Bridge, incorporating Whangaparaoa in the east and the west coast beaches of Muriwai, Piha and Karekare in the west.
- Who makes up our community?
 - The Waitematā district contains approximately 630,000 people making it the largest population of all Te Whatu Ora - Health New Zealand's districts. We have an ethnically diverse population with 10% Māori, 7 % Pacific, 19% Asian and the remainder being European or Other which includes Middle Eastern, Latin American and African.
- Te Whatu Ora Waitematā ethnicity



Services delivered across multiple sites

- North Shore Hospital
 - Elective Surgery centre
 - Totara Haumaru (new build)
 - He Puna Waiora (mental health)
 - Medical and Surgical
- Waitākere Hospital
 - Medical and Surgical
 - Community Dialysis
 - Older Adults (mental health)
- Mason Clinic
 - Forensic mental health
- Community sites



National Picture

- **16th March 2020:**
 - 14 day quarantine for overseas arrivals implemented
- **19th March 2020:**
 - NZ Govt bans indoor events >100 attendees
- **20th March 2020:**
 - NZ border closed
- **25th March 2020:**
 - NZ Govt announces total lockdown across NZ
- **10th April 2020:**
 - 44 new cases, 1283 total

Team of 5 million
He Tīma Rima Miriona



Local Situation

- On 10th April 2020 COVID-19 positive residents were transferred to Waitākere Hospital following an outbreak in their ARCF.
- On 24th April 2020 the first staff member became symptomatic and tested positive on 27th April 202.
 - Subsequently 3 more staff became positive. From the outbreak timeline they had all worked together on 20th April – caring for the same grp of pts.
- Waitematā senior leadership requested an investigation to understand the circumstances around how these staff members may have become infected. One of the recommendations made post investigation was: ***“Add a buddy system to PPE guidelines and checklists”***



Key Problem

- *No assurances to senior management to suggest a PPE breach was not a source of transmission ...*
- Staff unfamiliar with the donning and doffing process, escalation of breach, and PPE
- Unfamiliar Paper audits
- Dissemination of reports based on audits was often delayed by workload and outbreak management
- No clear way to identify common causes for PPE breaches
- Lots of pressure on Executive Leadership team from Ministry of Health



Aim of Electronic Auditing

1. “Quickly and effectively identify compliance issues and provide real-time feedback, enable high staff engagement and rapidly develop effective quality improvement strategies at the ward level”
2. Rapid scalability - to increase the number of audits being carried out across a larger range of departments

The software needed to be:

- User friendly
- Have a rapid interface to allow quick data entry
- Provide rapid dissemination of results to key senior staff
- Rapid identification of common issues
- Providing a robust audit trail
- Be usable across multiple platforms i.e. iPads, Android phones CoWs etc



Change

From piles of paper

COVID-19 PPE - Observational Audit - Ward - Date - Auditor/Designation -

On entering and leaving a Airborne/droplet/contact precautions isolation room, the staff member is seen to:-

Name & Designation	At entry, carries out hand hygiene	Put on Gown	Gown donning technique correct	Don mask with correct technique	Don goggles	Put on Gloves	Gloves donning technique correct	On leaving, Removes gloves	Gloves doffing technique correct	Hand hygiene	Removes gown	Gown doffing technique correct	Hand hygiene	Doff Goggles	Doff mask	Hand hygiene	Correct process for cleaning and disinfection of eye wear	Total
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
1.																		
2.																		
3.																		
4.																		

To content on the cloud!



Change

Paper based Auditing	Electronic Auditing
Poorly completed	Needs to be fully completed before submitting
Slow follow-up if a breach occurred	Email was sent immediately on submission to area CNM, Infection Prevention, PPE coordinator and COVID-19 Exec Lead
Record keeping was inconsistent	Cloud based records
No additional resources required	Did require more electronic software e.g. iPad (not all staff carry phones)
No feedback of audit data	Allowed management to trend results over time to enable focus on areas that require attention
No clear record of the number of audits performed	Total No. of DD audits done by the end of 2021 36000

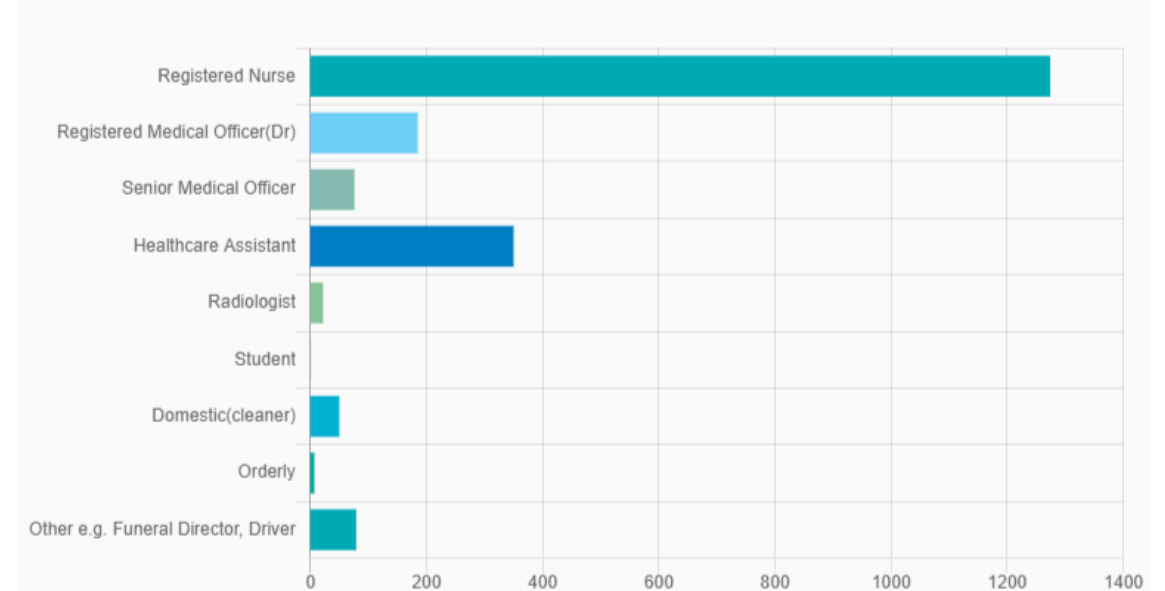
Change

Paper, paper and more paper



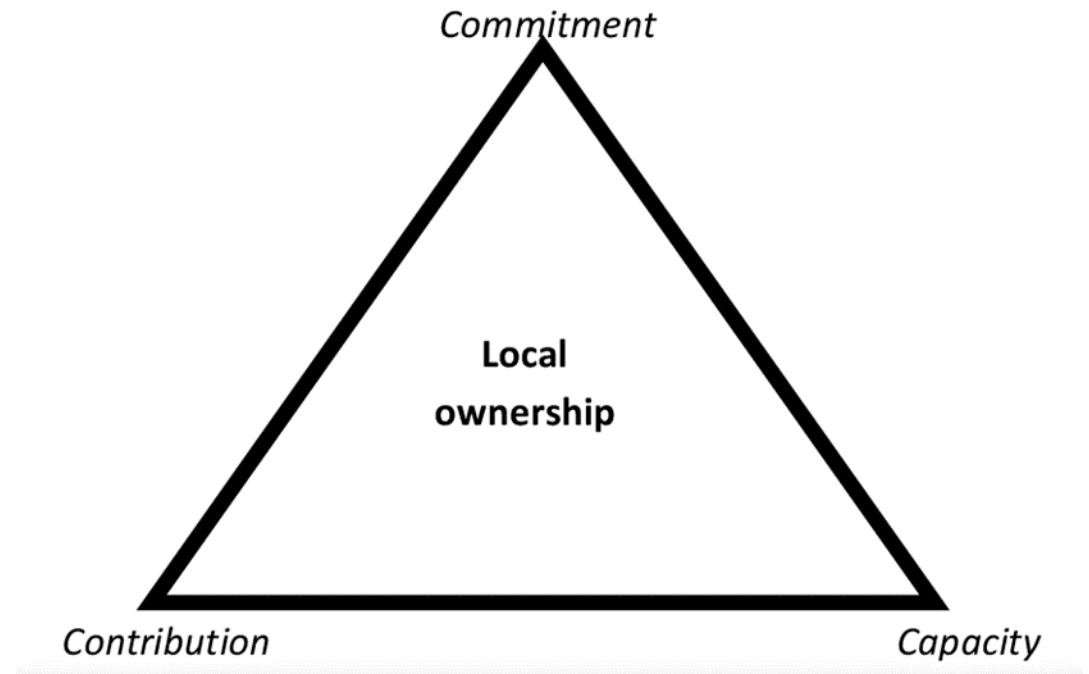
Keep calm and audit on!

Staff observed



Outcomes

- Rapid targeted action by IP driven by real time issue identification
- Less phone calls and emails from senior management around concerns re PPE management
- Improved practice by HCW's entering/leaving COVID-19 rooms as the auditor was able to use the audit as a check list and trouble shoot in real time
- Scaling the use of the app by having a link on the intranet which meant all areas could easily access the audits
- Local ownership by CNM's who also had access to their own data
- **Happy Senior Executive leadership team**



Outcomes

Happy Senior Executive Leadership Team

- Provided the ability to reassure the CE and the rest of the Exec
 - Reporting directly in Covid Exec inbox – each shift change
 - Dashboard – easy to understand and interpret
 - Quickly identifies areas of concern for follow up, support, teaching
 - Provided the ability to add detail to explanation when KPI's not meet
 - Released time to care by released staff undertaking and recording manual audits
 - Enabled timely data driven responses to queries (Media, OIAs, WPQs, OPQs, Complaints)
 - Enabled timely and evidence based conversations with our union partners, and others, to eliminate concerns and confirm our focus on ensuring our peoples safety

Outcomes



Lessons learnt

- Things can be done very quickly in a pandemic!
- The tool needs to be easily adaptable as the pandemic progresses
- Use a digital solution where possible – easy to change and less impact on staff (compared to paper system)