

## 17-113 Infection Prevention Control

We have completed our audit of the infection prevention control program. This audit was performed at the request of the UTHealth Audit Committee and was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*.

### BACKGROUND

UT Physicians (UTP) created Infection Prevention to ensure all patients receive care in a setting free from potentially infectious organisms. Infection Prevention provides training and competency assessments for clinical staff, posts formal infection prevention policies and procedures, updates clinical locations on developing health-related issues, and visits UTP clinical locations to ensure compliance with infection prevention policies. These policies were created using guidance from organizations such as the U.S. Environmental Protection Agency (EPA), Occupational Safety and Health Administration (OSHA), Provincial Infectious Diseases Advisory Committee (PIDAC), The Centers for Disease Control and Prevention (CDC), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) to establish industry best practice.

### OBJECTIVE

The objective of this audit was to review the infection prevention control processes at UTP.

### SCOPE

The scope includes infection prevention control process in UTP clinical locations.

### METHODOLOGY

The following procedures were performed:

- Compared Infection Prevention policies and procedures to guidance from organizations (e.g. EPA, OSHA, PIDAC, CDC, HIPAC) to determine adequacy.
- Selected a random sample of 20 clinics and reviewed the clinical visit results to identify the frequency of inspections and to determine whether issues noted were properly addressed and remediated.
- Observed site visits, training, and competency assessments to determine whether departmental procedures were consistently followed.

### AUDIT RESULTS

A&AS identified areas of improvement related to site visits, housekeeping services, verification of action plans, and infection prevention practices for construction and remodeling projects:

- There is not a policy that identifies the frequency Infection Prevention will perform inspections, or that discusses verification action plans are completed.
- Contracted housekeeping services are inconsistent across clinical locations.

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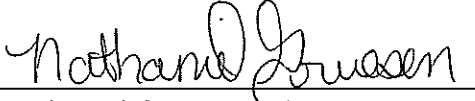
In addition to the results outlined above, A&AS made the following suggestions:

- When possible, Infection Prevention should consider holding site visits on the same day as the Department of Safety, Health, Environment and Risk Management’s review to limit the disruptions to clinical areas and coordinate any areas that may overlap.
- Infection Prevention should consider contacting the Learning Management System coordinator to discuss the possibility of adding annual mandatory infection prevention training for all clinical staff.

**NUMBER OF PRIORITY & HIGH FINDINGS REPORTED TO UT SYSTEM**

N/A

We would like to thank the staff and management within Infection Prevention who assisted us during our review. In addition, we would like to recognize UTP and Infection Prevention for taking the initiative to ensure the safety of patients and clinical staff.

  
Nathaniel Gruesen, MBA, CIA, CISA, CFE  
Senior Audit Manager

**MAPPING TO FY 2017 RISK ASSESSMENT**

<b>Risk (Rating)</b>	Process review of efficiency and effectiveness- Risk we are not performing inspections to ensure Infection control procedures are adequately performed in clinics (High)
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**AUDITING & ADVISORY SERVICES ENGAGEMENT TEAM**

<b>Assistant Vice President</b>	Daniel G. Sherman, MBA, CPA, CIA
<b>Audit Manager</b>	Nat Gruesen, MBA, CIA, CISA, CFE
<b>Auditor Assigned</b>	Cara Saldivar
<b>End of Fieldwork Date</b>	March 7, 2017
<b>Issue Date</b>	August 11, 2017

**Copies to:**

Audit Committee  
Andrew Casas  
Dr. Thomas Murphy

Dr. Karen Vigil  
Dr. Luis Ostrosky  
Tracy Fry-Longoria

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<b>Issue #1</b>	<p>Infection Prevention has developed policies based on industry best practices. They perform inspections to evaluate each clinic's processes to ensure compliance with infection prevention policies. The order and frequency of clinical inspections is determined by a risk assessment conducted by Infection Prevention each year. After each inspection, Infection Prevention provides the clinic with a copy of the checklist used during the inspection and an overview of results. If any exceptions are noted, the clinic is provided with a written corrective action plan.</p> <p>A&amp;AS selected a random sample of 20 clinics and requested a copy of the most recent checklist, overview, and if applicable, the corrective action plan for each clinic. Of the 20, nine were inspected. We inquired further concerning the inspection frequency. Forty-six (46) of the 137 clinics identified by Infection Prevention were inspected during FY 2016. An additional 10 clinics were inspected through the end of December 2016.</p> <p>Infection Prevention explained there were staffing shortages (only one part-time infection prevention practitioner from October 2015 to April 2016) in FY2016, which limited their ability to perform clinic inspections. Infection Prevention currently has two full time infection prevention practitioners to perform clinical inspections and conduct training and competency assessments.</p> <p>We also inquired about the performance of follow-up visits to clinics receiving a formal action plan. Infection Prevention explained their priority is to first establish the inspection process and then establish criteria for the performance of follow-up inspections.</p>
<b>Recommendation #1</b>	<p>We recommend Infection Prevention evaluate their processes and resources to determine the frequency in which inspection visits can, and should be performed. Based on the evaluation, Infection Prevention should develop and issue formal procedures that detail the frequency of inspections and a formalized method to ensure follow-up inspections of action plans will be performed.</p>
<b>Rating</b>	<p>Medium</p>
<b>Management Response</b>	<p>We agree to the recommendation to develop the frequency of inspection cycles to use as a guide internally as part of the yearly risk assessment. Based on the risk assessment, we will develop and implement formal procedures detailing the frequency of inspections as well as a formalized process for follow-up inspections of action plans. In the event that the UTP IP internally created resources no longer exist, then UTP will adjust the policy and procedure accordingly.</p>
<b>Responsible Party</b>	<p>Andrew R. Casas</p>
<b>Implementation Date</b>	<p>September 1, 2017</p>

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<b>Issue #2</b>	Housecleaning services are typically contracted by the owner of the building in which the clinic is located. As a result, the thoroughness of housekeeping services is inconsistent. More importantly, based on the results of some of Infection Prevention's inspections, the level of cleaning is not in accordance with clinic requirements.
<b>Recommendation #2</b>	We recommend Infection Prevention work with UTP management to formalize, adopt, and enforce a standardized housekeeping policy for all clinical locations. Included in this process development should be an escalation protocol to help clinics work with property owners and/or facilities management to ensure adequate housekeeping services are provided.
<b>Rating</b>	Medium
<b>Management Response</b>	Although not directly under the scope of infection prevention, we will make best efforts towards having minimum standards of housekeeping activities, as they relate to infection control and prevention, inserted in all facilities contracts. Operations has developed an online tool for clinics to report areas in need of additional attention to any operational issue be they housekeeping, handyman type services as well as maintenance of facility infrastructure in which the lease holds both UTP and the landlord responsible for. This tool will provide a single location to document areas needing attention. Infection Prevention will work with UTP management to formalize, adopt, and enforce a standardized housekeeping/environmental services policy for all clinical locations. This policy will outline an escalation protocol to assist clinics when working with property owners and/or facilities management to ensure adequate housekeeping/environmental services are provided.
<b>Responsible Party</b>	Andrew R. Casas
<b>Implementation Date</b>	November 1, 2017