# Sample questions for IPC walk rounds\*

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| **Core component** | **Example questions** |
| Best practices | What do you do well and what are you most proud of here? |
| Can you give an example of good practice that could be shared with other wards? |
| Can you tell us one thing you are happy with and one thing that might cause you concern? |
| Can you tell us how your team works on the ward? |
| IPC education and training | What infection prevention and control training have you had? |
| Are periodic evaluations done on the effectiveness of training programmes (eg, hand hygiene audits, other checks on knowledge)? |
| Is specific IPC training available for patients, families and whānau, to minimise the potential for healthcare associated infections (HAIs) (eg, immunocompromised patients, patients with invasive devices, patients with multi-drug resistant infections)? |
| Healthcare associated infection surveillance | What type of HAI surveillance is collected for your ward (eg, central line associated bacteraemia (CLAB), catheter associated urinary tract infection (CAUTI), *Staphylococcus aureus* bacteraemia (SAB), surgical site infection (SSI))?Are you regularly informed of up-to-date surveillance data for your ward? |
| What type of collaboration is performed between ward staff and the IPC team to identify HAIs? |
| What type of information do you receive on the HAI cases identified for your ward? |
| Have incidents occurred lately that you can think of where a patient was harmed by an infection? |
| Is surveillance data used to make tailored ward-based plans for the improvement of IPC practices? |
| Multimodal strategies (involvement ofchampions and linknurses, bundles, reminders, system change, awareness raising, leadership engagement) | Are additional non-IPC staff available with adequate skills to serve as trainers and mentors (eg, link nurses, champions)? |
| Do you use care bundles or checklists for preventing HAIs? Which ones? |
| Is a multidisciplinary team used to review IPC data and implement IPC strategies? |
| What specific intervention from senior management would make the work you do safer for patients and staff? For example:* organising a multidisciplinary group to evaluate a specific problem
* facilitating interaction between two specific groups.
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| What IPC problems or practices do you talk about with patients, families and whānau? |
| How do you communicate to patients, families and whānau on their role in their own prevention of infection? |
| Monitoring IPC practices and feedback | What IPC audits (both clinical and non-clinical) does your ward undertake or lead? How often are IPC audits performed? |
| How are audit reports on the state of IPC activities and performance fed back to you? |
| How did your most recent hand hygiene audit go? Were there areas to be improved and what are you doing to improve them? |
| How do you monitor the use of antibiotics? |
| Environment, materials and equipment for IPC | What aspects of the environment are likely to lead to the next patient harm? |
| Can you think of a way in which the environment or equipment fails you or your patients on a regular basis? |
| Is personal protective equipment (PPE) available at all times and in sufficient quantity for all uses for all health care workers? |
| Are disposable items available when necessary (eg, injection safety devices, examination gloves)? |
| What are your arrangements for cleaning?Are appropriate and well-maintained materials available for cleaning (eg, detergent, mops, buckets, microfibre cloths) available? |
| Can you think of opportunities to improve the environment that are achievable? |
| Closing | Can you think of anything that we can do better to prevent infection? |

\* Note, these questions can be customised to apply to local settings.