Infection Control

User Handbook – SCN

SYNBIOTIX®

Accessing Infection Control

To access the Infection Control dashboard, enter the following URL into an internet browser:

www.synbiotix.com/mymenu

SYNBIOTIX®

Logging in

You will be directed to a log in screen.

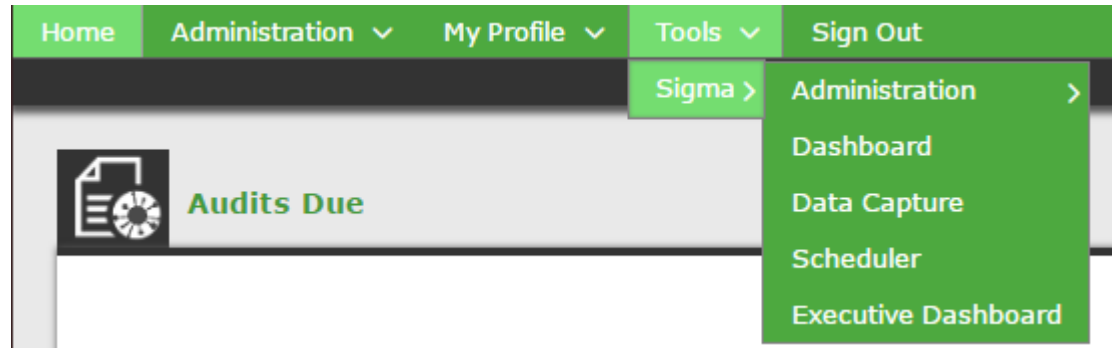To log in, enter you **username** and **password** before clicking the **Login** button. ○

Your username will be in the format of: **firstname.surname** and you will be required to use the password **password1$** the first time that you log in.

Accessing the Dashboard

To access the dashboard, use the green toolbar to navigate to:

- ➢ **Tools**
    - ➢ **Sigma**
        - ➢ **Dashboard**

SYNBIOTIX®

The Dashboards

When you arrive at the dashboards, you will need to select the dashboard that you would like to view. Use the drop down box to select either the **Safe IPC Practice in Acute Care** dashboard, the **Safe IPC Practice in Mental Health Care** or the **Safe IPC Practice in Theatre Care** dashboard.

The dashboards vary in appearance but function in the same way. This user guide will cover basic dashboard functionality which can be applied to all three dashboards.
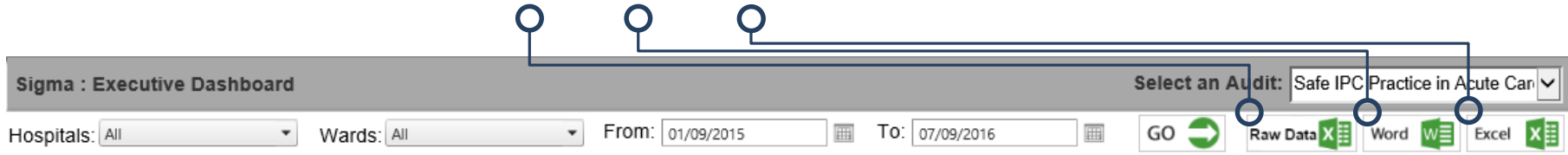
SYNBIOTIX®

The Dashboards

| Sigma : Executive Dashboard | | | | | | Select an Audit: | Safe IPC Practice in Acute Car ▼ |

Hospitals: All ▼ Wards: All ▼ From: 01/09/2015 To: 30/09/2016 GO ➡ Raw Data 🗐 Word 🗐 Excel 🗐

Thresholds

< 66%	66% - 79%	80% - 90%	91% - 100%	N/A
Re-Audit in 3 Months	Re-Audit in 6 Months	Re-Audit in 12 Months	Re-Audit in 12 Months	

There are 388 outstanding actions

Full Audit

Hospital	Ward	Date Submitted	SICP	SPE	TBP	Quality Improvement	Overall Score
ACH Stobhill	Day Surgery North	22 Jan 2016	80%	94%	100%	N/A	86%
ACH Stobhill	Endoscopy 1	08 Jul 2016	85%	79%	71%	N/A	82%
ACH Stobhill	Minor Injuries	21 Jan 2016	87%	77%	100%	N/A	86%
ACH Stobhill	Renal	29 Jul 2016	95%	94%	100%	100%	95%
ACH Stobhill	Ward A	17 Dec 2015	91%	69%	88%	N/A	84%
ACH Stobhill	Ward B	21 Jun 2016	88%	79%	93%	67%	85%
ACH Stobhill	Ward C	26 May 2016	91%	87%	100%	100%	90%
ACH Victoria	Clinic P	07 Jul 2016	74%	75%	100%	0%	76%
ACH Victoria	Endoscopy	24 Aug 2016	89%	89%	100%	N/A	90%
ACH Victoria	Minor Injuries Unit	03 Mar 2016	93%	97%	86%	N/A	94%

SYNBIOTIX®

Exporting Data to Reports

Any data from the dashboards can be exported to Microsoft Word and Excel to be converted into a report presented in a printable format.

To export data to a report, use the **Raw Data, Word** or **Excel** buttons to the top right hand side of the screen.

The **Raw Data** option will export the raw data collected into an Excel spreadsheet. This option is only available to administrators.

The **Word** option will export the data displayed on the screen into a Word Document.

The **Excel** option will export the data displayed on the screen into an Excel spreadsheet.

SYNBIOTIX®

Filtering by Hospital / Ward

To view data from a specific hospital or ward, use the drop down box to select the desired location.

Use the check boxes to mark the hospitals or wards that you wish to view. Click **GO** to apply the change.

SYNBIOTIX®

Date Ranges

The dashboards will automatically display the data collect in the current or most recent entry period.

To change the range of data that appears on the dashboards, click on the dates in the **From** and **To** boxes to change them.

A calendar will appear. Select the desired date from the calendar. Click **GO** to apply the change.

Thresholds

The **Thresholds** box on the dashboard displays the different coding used within the dashboard.

The RAG rating definitions are broken down to display their percentage definition and what each means.

Eg: a red rating means that the data score is under 66%, making the score non-compliant.

Thresholds				
< 66%	66% - 79%	80% - 90%	91% - 100%	N/A
Re-Audit in 3 Months	Re-Audit in 6 Months	Re-Audit in 12 Months	Re-Audit in 12 Months	

Each coding used on the dashboard is also accompanied by its corresponding action.

Eg: a red rating means that an area will be re-audited in 3 Months.

SYNBIOTIX®

Full Audits

Beneath the **Thresholds** the scores for the **Full Audits** are displayed, broken down by ward.

The scores for each ward are displayed for each audit within the parent audit (eg **Safe IPC Practice in Acute Care** contains **SICP**, **SPE**, **TBP** and **Quality Improvement** audits).

Eg: we can see that Ward C scored 91% on SICP, 87% on SPE, 100% on TBP and 100% on Quality Improvement, with an overall score of 90%.

Hospital	Ward	Date Submitted	SICP	SPE	TBP	Quality Improvement	Overall Score
ACH Stobhill	Day Surgery North	22 Jan 2016	80%	94%	100%	N/A	86%
ACH Stobhill	Endoscopy 1	08 Jul 2016	85%	79%	71%	N/A	82%
ACH Stobhill	Minor Injuries	21 Jan 2016	87%	77%	100%	N/A	86%
ACH Stobhill	Renal	29 Jul 2016	95%	94%	100%	100%	95%
ACH Stobhill	Ward A	17 Dec 2015	91%	69%	88%	N/A	84%
ACH Stobhill	Ward B	21 Jun 2016	88%	79%	93%	67%	85%
ACH Stobhill	Ward C	26 May 2016	91%	87%	100%	100%	90%
ACH Victoria	Clinic P	07 Jul 2016	74%	75%	100%	0%	76%
ACH Victoria	Endoscopy	24 Aug 2016	89%	89%	100%	N/A	90%

Click on a percentage score to look at a breakdown of the audit.

SYNBIOTIX®

Section Dashboards

When opening the ward dashboards, the actions generated for the selected audit category will be displayed at the top of the screen. Click the **Edit** button to edit the action.

Area: Jubilee Minor Incidents

There is 1 outstanding action

Actions

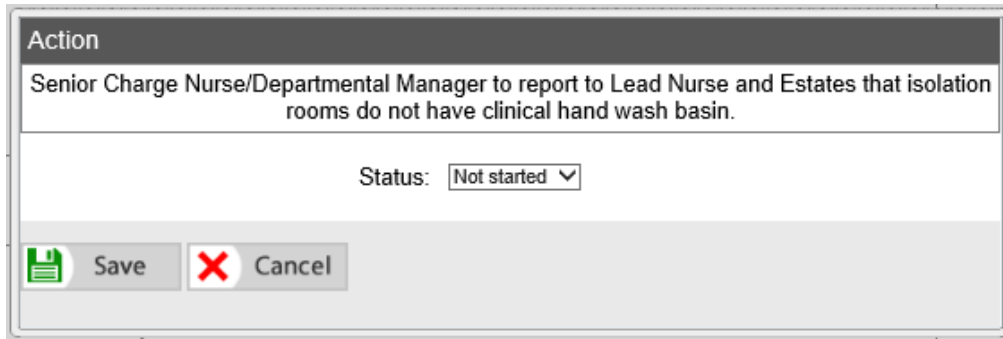| Questionnaire	Question	Action	Responsible Person	Status	Due Date	
SPE Audit	22. Mattresses are clean and in a good state of repair.	Senior Charge Nurse/Departmental Manager to ensure that any mattress in a poor state of repair is condemned and replaced. - Couch mattresses in several cubicles are damaged.	Gillian Bowskill	In Progress	28 October 2016	Activities
SPE Audit	12. The appropriate bed space checklists and weekly assurance checklists are in place and up to date.	Senior Charge Nurse/Departmental Manager to ensure that bed space checklists are available and up to date. Senior Charge Nurse/Departmental Manager to ensure that Weekly assurance checklists are available and up to date. - Weekly assurance checklists not available	Gillian Bowskill	Complete	29 September 2016	Activities
SPE Audit	1. Clean and sterile equipment is not stored at floor level or on open shelving.	Senior Charge Nurse/Departmental Manager to ensure that equipment stored appropriately. - Door to clean store was open for the duration of the audit, therefore items stored on open shelving were not protected from environmenttal contamination.	Gillian Bowskill	Complete	28 October 2016	Activities

These actions display the question that has been failed, the action generated in response, the person responsible for the action (pre-set by the system), the status of the action, the date that the action is due to be completed by and the activity that has been recorded against the action.
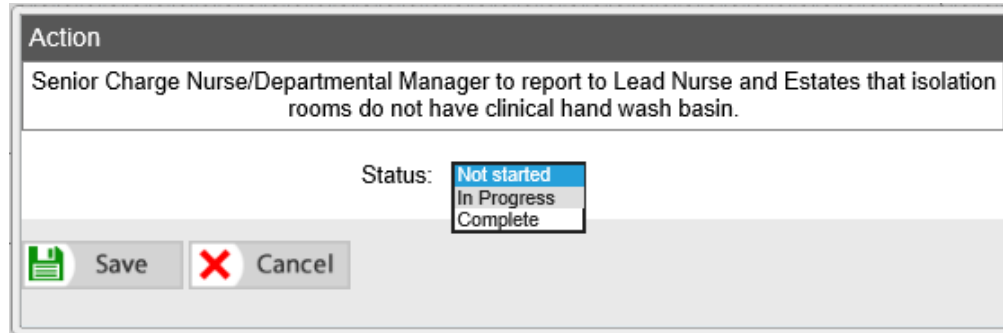
For the **Safe IPC in Theatre Practice** dashboards, any **Evidence** added will appear alongside the action, not the question.

SYNBIOTIX®

Editing an Action

Use the drop down box to change the action's **Status.**

Click **Save** to update the action.

All changes made to the action will be recorded in the system, along with the user details of the person that made the changes and the date when the changes were made.

SYNBIOTIX®

Actions

Clicking on the **Activities** link will display activity recorded against the action.

SPE Audit	22. Mattresses are clean and in a good state of repair.	Senior Charge Nurse/Departmental Manager to ensure that any mattress in a poor state of repair is condemned and replaced. - Couch mattresses in several cubicles are damaged.	Gillian Bowskill	In Progress	28 October 2016	Activities
SPE Audit	12. The appropriate bed space checklists and weekly assurance checklists are in place and up to date.	Senior Charge Nurse/Departmental Manager to ensure that bed space checklists are available and up to date. Senior Charge Nurse/Departmental Manager to ensure that Weekly assurance checklists are available and up to date. - Weekly assurance checklists not available	Gillian Bowskill	Complete	29 September 2016	Activities

Click **Add Note** if you wish to add any additional information to the action.

Safe IPC Practice in Acute Care: Action Activities

Word   Excel

Action: Senior Charge Nurse/Departmental Manager to ensure that staff are aware of the procedure for dealing with (non-blood) body fluid/environmental cleaning of equipment and that staff have read and understood Chapter 1 of the National Infection Prevention & Control Manual (see section relating to management of blood and body fluid contamination).

Description	User	Date
Action Created	Infection Control	08 Jul 2015 12:43
Status changed to **In Progress** (from Not started)	Synapse Admin	17 Jun 2016 10:06
Status changed to **Complete** (from In Progress)	Synapse Admin	17 Jun 2016 10:06

Add Note

SYNBIOTIX®

Area Results

Below the **Actions,** the **Area Results** are displayed. This breaks down the audit scores section by section.

Click on the **+** icon or the **percentage score** to open a question.

Area Results		
SICP	Completed	80%
⊞ Patient Placement *Submitted by Helen Cameron on 22 Jan 2016*	Completed	100%
⊞ Hand Hygiene *Submitted by Helen Cameron on 22 Jan 2016*	Completed	70%
Respiratory, Hygiene and cough etiquette *Submitted by Helen Cameron on 22 Jan 2016*	Completed	100%
⊞ Personal Protective Equipment (PPE) *Submitted by Helen Cameron on 22 Jan 2016*	Completed	100%
⊞ Management of Care Equipment *Submitted by Helen Cameron on 22 Jan 2016*	Completed	50%
⊞ Control of the Environment *Submitted by Helen Cameron on 22 Jan 2016*	Completed	67%
⊞ Safe Management of Linen *Submitted by Helen Cameron on 22 Jan 2016*	Completed	67%
⊞ Management of Blood & Body Fluid Spillages *Submitted by Helen Cameron on 22 Jan 2016*	Completed	0%
⊞ Safe Disposal of Waste *Submitted by Helen Cameron on 22 Jan 2016*	Completed	85%
⊞ Occupational Exposure Management	Completed	100%

SYNBIOTIX®

Area Results

Opening up a section displays the individual questions and the breakdown of which questions have failed.

On the **Safe IPC in Acute Practice** dashboard, if a question has evidence (a photograph) held against it a **Show Evidence** button will appear. Click on this to see the evidence.

	Hand Hygiene *Submitted by Helen Cameron on 22 Jan 2016*	Completed	70%
	Alcohol based hand rub (ABHR) is available (if removed due to patient group risk assessment is in place)		
1	At ward entrances		Yes
2	Point of care		Yes
3	Posters demonstrating Steps for hand hygiene are on display within the department *Comment: No poster at hand wash basin in acute recovery*		No
	Dedicated hand wash basins in all clinical areas		
4	Have liquid soap and paper towels		Yes
5	Are easily accessible		Yes
6	Elbow/ wrist or automated taps are available		Yes
7	No plugs or overflows		Yes
8	Clean and free from equipment or inappropriate items *Comment: Staffs own soap substitute left at basin when not on duty*		No
9	Foot operated enclosed domestic waste bins are available to dispose of used paper towels		Yes
10	Wall mounted or pump dispenser hand cream available in at least one location *Comment: Hand cream at nurses station area has been opened for more than 12 months*		No

SYNBIOTIX®

Partial Audits

Below the **Complete Audits** on the dashboard is a list of **Partial Audits.** An audit is considered to be a **Partial Audit** if only one of the audits within the parent audit are completed, eg only **SCIP**.

These are broken down by ward and split between audits, as with the **Full Audits.**

If an audit has been completed, the data will appear in the table beneath the relevant category.

Partial Audit						
Hospital	Ward	Date Submitted	SICP	SPE	TBP	Quality Improvement
Infection Control Test Hospital	Ward 1	05 Jul 2016	71%			0%
Infection Control Test Hospital	Ward 2	16 Aug 2016	93%			
Infection Control Test Hospital	Ward 3	06 Jul 2016	0%			
Infection Control Test Hospital	Ward 4	30 Oct 2015	0%	0%		0%
Infection Control Test Hospital	Ward 5	08 Jan 2016	99%			
Inverclyde Royal Hospital	Level H South	26 Nov 2015	83%			
Langlands - SGH	1st Floor Ward 56	26 Jan 2016	83%	N/A		

Click on a percentage score to look at a breakdown of the audit.

SYNBIOTIX®

Actions

At the top of the screen you will see the number of outstanding actions for all areas that you are assigned to. Click on this link to view a breakdown of the actions.

Thresholds

< 66%	66% - 79%	80% - 90%	91% - 100%	N/A
Re-Audit in 3 Months	Re-Audit in 6 Months	Re-Audit in 12 Months	Re-Audit in 12 Months	

There are 388 outstanding actions

Full Audit

Hospital	Ward	Date Submitted	SICP	SPE	TBP	Quality Improvement	Overall Score
ACH Stobhill	Day Surgery North	22 Jan 2016	80%	94%	100%	N/A	86%
ACH Stobhill	Endoscopy 1	08 Jul 2016	85%	79%	71%	N/A	82%
ACH Stobhill	Minor Injuries	21 Jan 2016	87%	77%	100%	N/A	86%
ACH Stobhill	Renal	29 Jul 2016	95%	94%	100%	100%	95%

Alternatively, clicking on the **Overall Score** for a ward will take you to a list of all actions generated for the ward.

SYNBIOTIX®

Emails

After the audit has been completed and submitted, the system will send out a number of emails.

You will receive an email when a new audit has been completed or a partial audit has been performed and loaded into the system by an Infection Control auditor.

You will receive these emails if:

- You are assigned to the ward in question

These emails will be addressed 'Dear SCN'.

This is your prompt to log in and complete your corrective actions.

Please note due date for actions will be either 24 hours or 1 month from date of audit.

SYNBIOTIX®

Emails

Notification of new audit in the system

Subject: Infection Control – Full Audit Uploaded - Queen Elizabeth University Hospital Glasgow - Pdru

Dear SCN,

Your Infection Prevention and Control audit (IPCAT) has now been uploaded to http://www.synbiotix.com/mymenu. Please log in to view the action plan for your ward / department. Can you please complete the action plan within 1 month from the date of audit. Please be aware that some of the actions may require a rapid response within 24 hours.

The IPCT will check your responses at 24 hours (for rapid response actions) and at 1 month from day of audit. If actions have not been completed, you will receive a reminder from the local Infection Prevention and Control Team (IPCT) that actions should now be complete.