

AUDITING OF BODILY WASTE MANAGEMENT-RELATED PROCESS INDICATORS AND PRACTICES IN ACUTE CARE INSTITUTIONS OF CANTON VAUD IN SWITZERLAND

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INTRODUCTION

Management of bodily waste (BW) from patients in acute care settings is an often-neglected aspect of infection prevention and control with implications in cross-contamination and the spread of antimicrobial resistance.

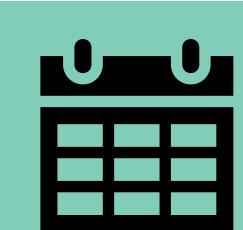
We aimed to create and test grids to audit bodily waste management for acute care institutions (ACI) of canton Vaud in Switzerland.

METHODS



Audit grids conception

- Grid A: Institutional process indicators (ACI level)
- **Grid B**: Healthcare worker (HCW) practices (individual level)



Pilot Phase

- June September 2024
- Medical wards only



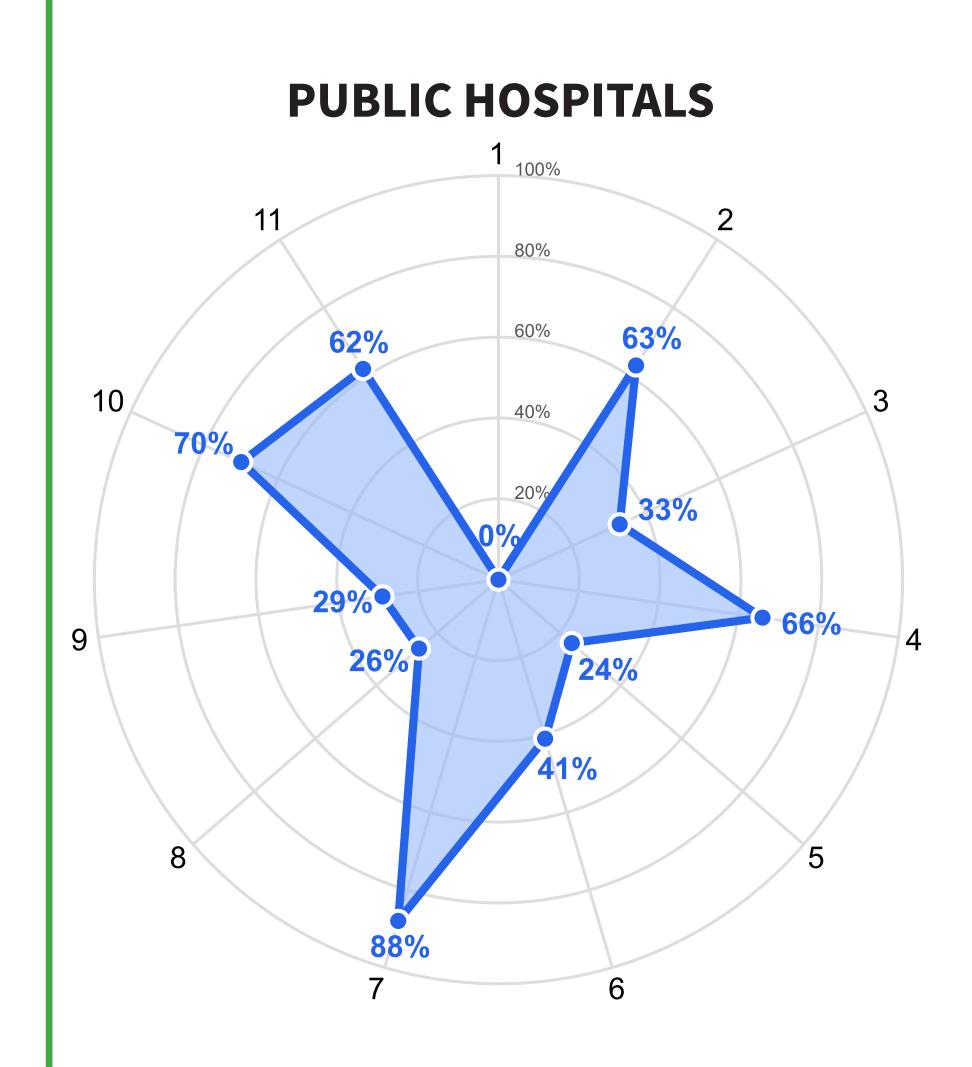
Participation

7 institutions (23% of canton's ACI)

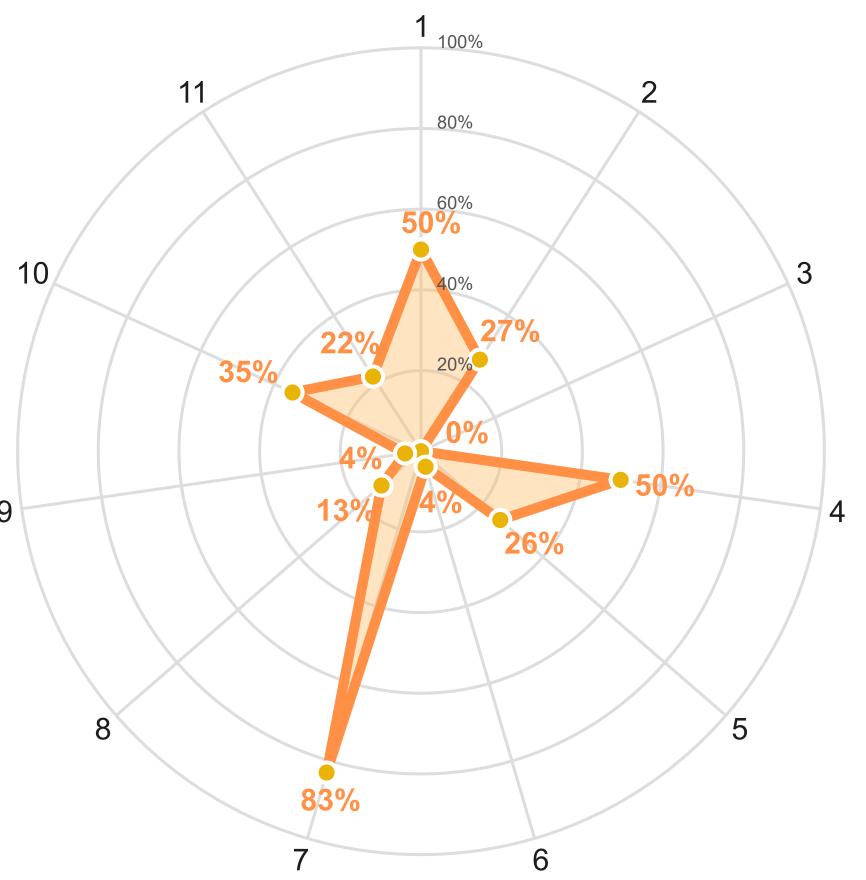
- 3 Public hospitals
- 2 Private clinics
- 2 Rehabilitation centers

RESULTS

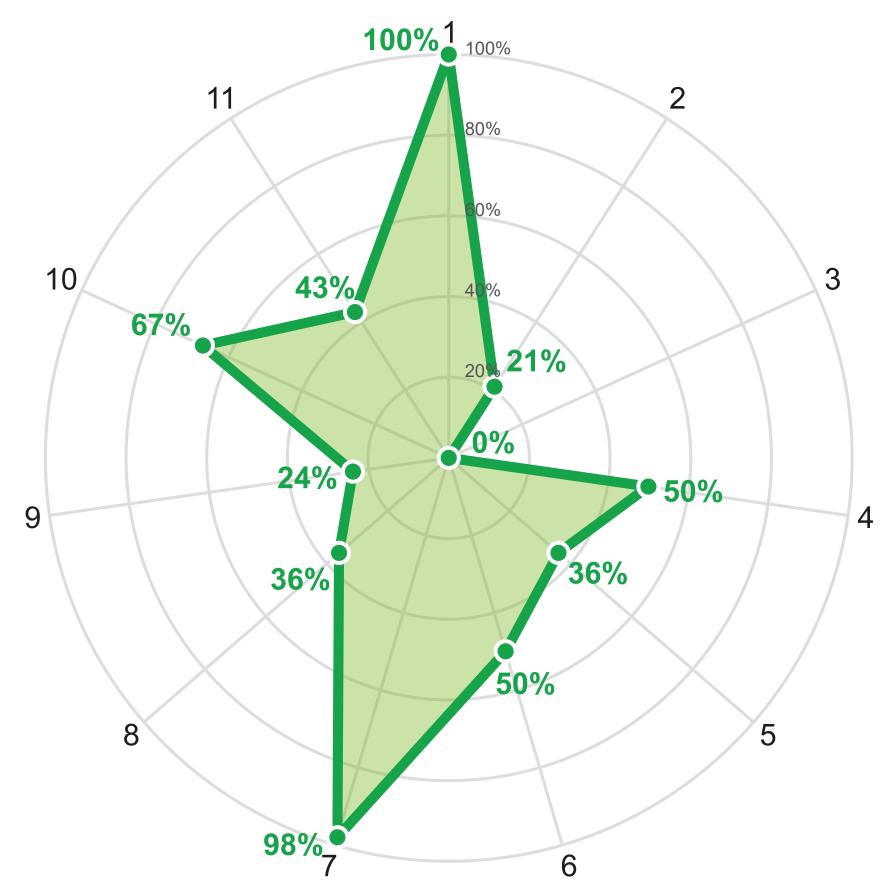
45% of hospitalized patients dependent on BW collection toolS



PRIVATE CLINICS



REHABILITATION CENTERS



Process indicators (from 1 to 4):

- Protocols for BW management
- Patients on BW containers
- Lids for all available BW containers
- Dirty-to-clean flow in dirty utility rooms

HCW practices (from 5 to 11):

- BW management training
- Awareness of BW management protocols
- 7. Use of gloves for BW container transport
- 8. Use of lids for BW container transport
- 9. Disposal of BW from used containers in WD only
- 10. Reprocessing of BW containers in WD only
- 11. Reprocessing of BW containers after each use

BW: bodily waste, HCW: healthcare worker, WD: Washer-disinfector for BW containers

CONCLUSIONS

- Many ACI patients rely on BW containers underscoring the importance of their safe handling to prevent cross-contamination.
- Our findings highlight the need to standardize and harmonize practices through clear protocols on BW management.
- Additionally, training healthcare workers in safe BW management practices is essential.

