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ANTT® Patient Protection Accreditation Programme for Healthcare Providers:

Demonstrating excellence in clinical governance for the critical clinical competency of Aseptic Non Touch Technique (ANTT®)



Accreditation Submission

Submitter's Name: _____ Initials: _____ Date: _____

Centre ID No: _____ Certificate No: _____

For The-ASAP ONLY, DO NOT COMPLETE ID / CERT No.

Background

Healthcare providers internationally are increasingly required to demonstrate effective clinical governance to regulators and the public for the critical clinical competency of aseptic technique. For example, in the UK, the Care Quality Commission (CQC) assess organisational requirements for aseptic technique as stipulated in the Health and Social Care Act 2008 (DH 2010, 2015).

ANTT[®] Accreditation, overseen freely by The-Association for Safe Aseptic Practice, provides healthcare organisations with a mechanism by which to demonstrate effective clinical governance for aseptic technique, and their commitment to infection prevention and patient safety. Accreditation criteria is based upon the following pre-requisites:

1. ANTT[®] Policy
2. ANTT[®] Education
3. ANTT[®] Assessment
4. ANTT[®] Monitoring

Ensuring effective clinical governance for aseptic technique across large healthcare provider organisations is best not underestimated; For example, ensuring hand hygiene competency and compliance in healthcare alone has proved highly problematic and challenging for over two decades; Effective aseptic technique includes hand hygiene plus a number of other critical components. Therefore, achieving robust and effective ANTT[®] takes times and organisational ambition. Having three levels of accreditation reflects this challenge, and enables organisations to demonstrate their commitment to patient safety from the beginning of the process and on-going.

Support

Please note that The-Association for Safe Aseptic Practice provides free advice and support for ANTT Accreditation and ANTT practice and implementation issues. Please contact us in the first instance at:

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Bronze - Accreditation Criteria

Standard	Criteria	Status	Evidence
ANTT® Policy	<p>ANTT® is named as the standard aseptic technique for all invasive clinical procedures in the following documents, as a minimum:</p> <ul style="list-style-type: none"> • Infection Control Policy • And/or ANTT® Policy 	Compliant <input type="checkbox"/>	<p>[attach evidence with submission, and list below]</p> <p>Appendix:</p>
ANTT® Clinical Practice Guidelines	<p>ANTT® Clinical Procedure Guidelines (ACPGs) are prominently displayed in all relevant clinical areas for the most common invasive clinical procedures. Guidelines should be printed in colour and be laminated to facilitate cleaning</p>	Compliant <input type="checkbox"/>	<p>Appendix:</p>
ANTT® education	<p>ANTT® education should include as a minimum, the following authorised ANTT® educational resources:</p> <ul style="list-style-type: none"> • ANTT® foundation eLearning (ideal but optional) and/or ANTT® self-running PowerPoint™ • ANTT® Clinical Procedure Guideline PowerPoint™ and the guidelines are displayed in relevant areas as above 	Compliant <input type="checkbox"/>	<p>Appendix:</p>
ANTT® Competency Assessment	<p>30% of the relevant clinical workforce have undertaken ANTT® Competency Assessment using the ANTT® Competency Assessment Tool (CAT)</p> <p>(See the ANTT® Competency Assessment Framework for level of assessor required)</p>	Compliant <input type="checkbox"/>	<p>Appendix:</p>
ANTT® Audit	<p>Standards of ANTT® are audited at least annually by organisation wide 'snapshot' audit -using the ANTT® audit tool. Approx. 50 audits are recommended.</p>	Compliant <input type="checkbox"/>	<p>Appendix:</p>
Designated organisational ANTT® Lead	<p>An ANTT® Lead is designated for the organisation</p>	Compliant <input type="checkbox"/>	<p>Appendix:</p>
Periodic ANTT® competency updates	<p>Staff are updated/refreshed in ANTT® Competency at a minimum of 3-yearly</p>	Compliant <input type="checkbox"/>	<p>Appendix:</p>
Level of ANTT® trainer competency	<p>The organisation sets a minimum number of trainers according to local staffing numbers</p>	Compliant <input type="checkbox"/>	<p>Appendix:</p>

Compliance documentation submitted to The-ASAP

In order to receive Bronze Accreditation from The-ASAP the organisation must complete the self-assessment checklist document and return to The-ASAP along with all requested evidence of compliance. Continued certification requires resubmission every three-years.

NB: Successful accreditation is not a guarantee of subsequent accreditation – each submission is evaluated upon its own merits and the standard of evidence. The-ASAP reserves the right to reject accreditation if a submission does not meet the requirements for accreditation, at the discretion of the Clinical Director & The-ASAP Board.

Notes / Additional Information:

Assessor Site Visit (Optional)

- The-ASAP should be contacted and the organisations’ intention to seek Bronze Accreditation stated. There is a minimum of one-months’ notice needed if an assessor site visit is requested.
- If required, The-ASAP and the organisation will agree a site visit schedule (arranged within three-months after a request is made).
- The (optional) site visit by an assessor will vary in time depending upon the size of the organisation and the level of documentation that must be assessed.
- The organisation should endeavour to have all requested documents and relevant information readily available for the assessor – if required information is not available to the assessor this may affect your accreditation application.
- The site visit is charged at a daily rate (Please contact us). Most organisations would take one day.

Supporting documentation evidencing compliance

Acceptable evidence examples:

- Microsoft™ Excel™ / Word™ (or Microsoft™ compatible) spreadsheets / documents containing dated compliance statistics (this may be anonymised) – NB: ‘totals’ or ‘percentages’ alone are not sufficient or robust enough evidence for accreditation
- Photographic evidence of documentation compliance (e.g. laminated ANTT® Clinical practice Guidelines up in clinical practice areas)
- Electronic or paper copy of the front sheet (with version information) of relevant policy and procedure documents, together with the relevant internal section detailing use of ANTT®
- Self-assessment document is signed by an authorised member of clinical staff representing the organisation (see ‘Sign-Off’ section below)

Audit and Surveillance Data

- Audit data may be anonymised, but must offer a complete record of pre-ANTT® and post implementation. Subsequent accreditation should present suitable surveillance or *snapshot* audit data from a representative sample of the organisation. Wherever possible, standard ANTT® data collection and analysis tools should be used. Data should be presented in a verifiable, editable format, e.g. Microsoft™ Excel™ spreadsheet or similar.
- *NB: The-ASAP requests audit data for the purposes of data pooling and meta-analysis. All data are managed securely in accordance with all EU and UK data protection legislative and administrative requirements.*

Self-assessment Checklist – Bronze Level – Sign-off

Name: _____ Signature: _____

Position: _____ Email: _____

Date: _____ Phone: _____

First Application Re-Certification

The-ASAP ONLY – Do Not Complete

for ASAP:	Name:	Signature:	Date:
Designation			

Outcome: Award Bronze Certification Not Compliant at this time

Required evidence for re-submission: _____