Introduction
Frontline ICU nurses provide different categories of nursing care – most of them are risk-bearing - to critically ill clients. Followed by the installation of new Communication Information System (CIS) and the subsequent technological and practice changes, ICU/AHNH launched a large scale Quality and Safety program – namely Safety Ward Round (SWR) in October /2014. The framework of the program was inspired by a) the positive responses from colleagues to an in-house survey on Perception on Audit in Mid-2014 and b) the idea of Barker (1990) that audits can help to identify deficiencies in care and ways of problem solving. We invited 5 senior frontline staff nurses to get involved in the program and practice team as part of the shift duty i/c training.

Objectives
1. To use audits as a tool to solve problems and capture deficiencies of care (eg. Alarm setting, ECG monitoring, Primary Nursing Care Plan, CIS…) 2. To make audits effective by recruiting staff nurses in the team 3. To empower and enlightening the staff nurses to sustain Quality and Safe clinical nursing practice

Methodology
1. To revisit the survey of front line staff towards perception on audits 2. To design and prepare Quality and Safety posters (A3 &A4 size) for education and promotional purposes 3. To work out details and contents of the SWR •32 case nurses providing bedside care to patients of ICU/HDU/CCU (bed 1-20) were subject to be audited. •Audit items were basic and advanced clinical procedures/tasks to be carried out day-to-day by ICU nurses. •A 3-member audit team was assigned in each shift of duty (WM/APN/NO/NS and RNs). One-Two nurses were audited in A & P duty shift respectively •The duration of the audit lasted on average for an hour.
Result
In the last survey on Perception on audit, ICU nurses had no bad feelings about audits. This time after the use of audits in SWR, nurses straightforwardly favoured the program (Mode of frequency was 4). The overall performance of staff was satisfactory. Admittedly, the performance of staff varied across the wide ranging audit items of nursing activities, however staff were serious and well prepared for the event to come. Of course some new elements needed extra time to learn and practice such as Identification checking, AOM, Charting behavior, Treatment protocols and modalities. Conclusion: This was a quite comprehensive audit with more than 10 clinical caring items checked within one hour. In terms of staff involvement and preparation, the objectives of safety alertness and familiarization of the new CIS system were achieved through this exercise. The audit rested assured ICU nurses were providing standard of care but far from excellence.