**Observational Audits: A Pathway for Improvement**

**GOAL:** To establish a realistic assessment of your facility compliance to identity opportunities for improvement.

 **STEP 1:** **Selecting the Observational Audit**

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| Steps | Guidance | Clarification/Examples |
| Determine audit tool and frequency of auditing | If established audit, move to Auditor Training |  |
| If new opportunity/new Performance Improvement Project (P), use PIP Team to determine appropriate audit.  | May just need to adjust current audit. Validate evidenced based practice.Request HQI Audits as available.  |
| Establish frequency of audits | PIP Team or Leadership  |

 **STEP 2: Training for Observational Audits**

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| Steps | Guidance | Clarification/Examples |
| Train all Auditors | Review each audit line item for all steps being evaluated. Clarity in the expectation for each line item is critical for accurate audit results. Need consistency between auditors.  | EX: EVS question: “Glove changes as appropriate”. Were gloves changed at each point? Ex: EVS worker stepping back out into hallway with gloves on to grab a mop.  |
| Define terminologyMet/Pass: Task completed with no prompting or errors notedNot Met: Task required prompting to prevent error or error did occur. | Not met/Fail: What would they have done if you were not watching?EX: Nurse removed dressing and reaches toward clean field without changing gloves, auditor stops her, so no breach occurred = not met/fail |
| Immediate 1:1 feedback expectation  | In privacy, never in front of resident or other staff if gaps identified |
| Coaching:Best if done immediatelyDocument all 1:1 coaching with coach and staff signature  | If coaching not in auditor’s expertise, what is process for follow up with appropriate leader. |
| Share documentation and gaps with manager/ supervisor ASAP |  |

 **STEP 3**: **QAPI Observational Audit Data Analysis:**

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| Steps | Guidance | Clarification/Examples |
| Designate a Team Member responsible to track all audits. | Can be completed by Administrative Assistant | HQIN has tracking tools. Ask your HQIN Quality Advisor |
| Compile audit data by person, shift, position, department. Track which areas were not met/fail. EX HH: using ABHR, but not rubbing until dry. |  |
| Designate a qualified team member in the audit topic to review and organize the data | This person should be on the PIP Team | Collect data of where the gaps are and if patterned or random.Patterned could be by unit, department, staff member, line item on the audit tool, etc. |
| Take trends of identified gaps back to the PIP Team. | Identify trends by shifts, departments, etc. Interview auditors to assure same approach to audit line items.  |  |
| RCA: Root Cause Analysis completion.  | PIP Team or QAPI Team.  | Evaluate meaningful data to determine if or what interventions are needed \*\*Request tools if needed from HQIN |
| PIP Committee to determine interventions needed. | Same re-education is usually not effective. Are new prompts, system changes needed to simplify process? Educate to the new process | Ex: If BS machines not getting sanitized between residents, add holder to VS machine for easy access. If the wipes are not in easy reach for staff, compliance is at risk! |
| Start audit process over after change in system with new interventions implements and staff educated.  | Revise Audit tool if new items identified. | Continue to track and trend from original baseline to validate interventions are effective and prove sustainability. |

 **TIPS for SUCCESS in the Observational Auditing Process:**

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| Train “secret shoppers” - observing while the staff do not know you are watching.  | Train other staff to observe and audit.On daily rounds, visit at nursing stations while observing HH there, or watching someone DON/DOFF PPE down the hall, serve trays, knock on doors, are staff touching face/mask without HH, etc. |
| Establish positive sense of involvement from staff. Move from a punitive environment to a coaching/collaborative environment. | Emphasize with staff that all missteps need to be tracked so improvements to processes can be made. When the “why’s” are investigated look outside of just the staff. If there something that would make their job easier? Empower staff to be comfortable in sharing barriers to processes and lapses or “near misses”. Encourage staff to provide feedback to fellow team members when they see lapses. |
| LISTEN to staff input | Ex: Laundry workers not wearing masks in laundry room on 3-11 shift. They report room gets to 90+ degrees and it too hot. Intervention: AC installed |
| Document | Document all observations and rounding, discussion/coaching with staff of noted gaps. Without this you will not be able to accurately track and trend. |
| Audit with direct care staff | Take a staff member along to audit their own area/procedure when possible. EVS, Dietary Aides, Cooks, CNA’s, Nurses, etc., Easy way to coach! Remember to be positive and ask for feedback! |