



HEALTH QUALITY INNOVATORS

Affinity Group:  
Auditing is Awesome for Keeping an Eye on the Big Picture

2/13/24

# Objectives

- ✓ Engage Assisting Living and Adult Day Care Center facilities in common issue discussion and problem solving by peers
- ✓ Evaluate barriers to conducting audits
- ✓ Identify at least two audits that might be implemented
- ✓ Develop simple strategies to empower facilities to find success in performing audits



# Polling Question

## Please select your practice setting:

1. ADC
2. ALF
3. Other (VDSS)
4. Other (VDH)
5. Other (HQI)
6. Other (Please specify in chat)



# Auditing and Monitoring Misconception



# Polling Question

**Why don't you routinely do audits? You may choose more than one option.**

1. No time
2. No simple form
3. Don't feel we need improvement
4. Don't know how to start
5. Don't know what to audit



# Why Audit?

- An objective (measurable) way to review a specific practice
- If you don't measure it, how will you know if it needs to improve/can improve? Or do you think that if it is not broken, why fix it?
- Auditing can help you see how well your education was retained



# What, How and Who?

Auditing and Monitoring -  
Helpful considerations:  
What, How and Who?



**What to audit?**



**How to audit (and when)?**



**Who to audit?** This pertains both to who can do the audit (it does not always have to/need to be you) and who/what is being audited.

# The WHAT – Every Marathon Starts With a Single Step



- Hand Hygiene (is it really an easy pick?)
- PPE Use (is it just about gloves?)
- Environmental Cleaning (can of worms?)
- Laundry Practices
- Antibiotic Use (for the superstars!)



# The HOW

- a. Direct Observation
- b. Chart review (could include self-reporting)
- c. Indirect methods
- d. Technology (preview with scan codes)



# Auditing

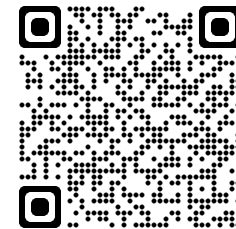
Audit Information					Hand Hygiene with Soap & Water					Hand Hygiene with ABHR			General Observations					
Employee Name	Job Title	Location (e.g. Room #, Unit,...)	Audit Date (mm/dd/yyyy)	Audit Time Block	1. Checks that sink areas are supplied with soap and paper towels	2. Turns on faucet and regulates water temperature	3. Wets hands and applies enough soap to cover all surfaces of hands	4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists	5. Rinses thoroughly keeping fingertips pointed down	6. Dries hands and wrists thoroughly with paper towels	7. Discards paper towel in wastebasket	8. Uses paper towel to turn off faucet to prevent contamination to clean hands	9. Applies enough product to adequately cover all surfaces of hands	10. Rubs hands including palms, back of hands, between fingers until all surfaces dry	11. Direct care providers—no artificial nails or enhancements	12. Natural nails are clean, well groomed and tips less than 1/8 inch long	13. Skin is intact without open wounds or rashes	# Failures

# The WHO – and Does it Have to be YOU?

Here are some simple forms for you to consider:



[TAP strategy | CDC](#)



# TST Form

Hand Hygiene Observation and Contributing Factor Form			Date of observations:				Collected by:		Role (circle one): Observer Coach		Unit:																										
<b>Instructions:</b> 1. Use a separate row for each entry or exit. 2. When there is a defect (wash in/out=no), check any applicable observed contributing factor. 3. The "observed by asking" section is for JIT coaches only. 4. Emergency situations are EXCLUDED from the data collection process.			Possible Contributing Factors to Washing																																		
			Observable										Non Observable																								
Observation Number	Check box if observed during rounds	Enter hour of observation in 24-hour (military) time	Circle role of health care professional observed										Entry or exit?		Did person wash?	Dispenser location	Dispenser empty	Dispenser broken	Equipment shared	Hands full supplies	Hands full meds	Improper use of gloves	Frequent person entry or exit	Admissions or exit	Isolation area	Lack of immediate feedback	Distracted or forgot	Perception of HH not required	Perception of skin irritation	Other contributing factor	Comments						
1	2	3	RN	NA	MD	RT	PT	Diet	Lab	HSK	CM / SW	Pharm	Rad	Other	EN	EX	Yes	No	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
1																																					
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**Contributing Factors**

- |  |  |
|--|--|
| 6. Dispenser location is not in path of person or is obstructed or hidden  | 15. Admissions or discharge process  |
| 7. Dispenser is empty  | 16. Isolation area (gown + gloves when required)   |
| 8. Dispenser is broken   | 17. Lack of immediate feedback to person for hand hygiene compliance                             |
| 9. Equipment shared or disposal area (use of equipment shared between patients i.e. vital sign machine, portable x-ray, etc) | 18. Distractions/forgets/lack of knowledge/chose not to wash                                     |
| 10. Hands full: supplies or equipment (e.g., food trays, lab supplies)   | 19. Perception that if nothing is touched in the patient care area hand hygiene is not necessary |
| 11. Hands full meds  | 20. Perception of skin irritation or dislike of alcohol-based hand rub                           |
| 12. Gloves (e.g., improper use of or not washing before or after putting gloves on or off)                                   | 21. Other  |
| 13. Person entering or exiting followed someone who did not wash   |  |
| 14. Frequent entry and exit of patient area  |  |



# Standard Precautions: Observation of Hand Hygiene Provision of Supplies



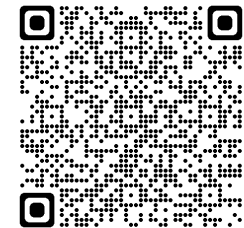
## Standard Precautions: Observation of Hand Hygiene Provision of Supplies

4

**Instructions:** Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

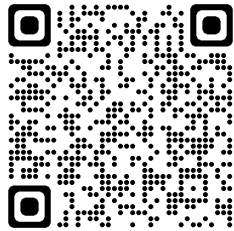
Standard Precautions: Observation Categories		Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are functioning sinks readily accessible in the patient care area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Are all handwashing supplies, such as soap and paper towels, available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Is the sink area clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Are signs promoting hand hygiene displayed in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Are alcohol dispensers readily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7	Are alcohol dispensers filled and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total YES and TOTAL OBSERVED								

## Standard Precautions: Observation of Hand Hygiene Provision of Supplies | CDC



# Hand Hygiene Competency Validation

## Hand Hygiene Competency Validation | HQIN



**Hand Hygiene Competency Validation**  
 Soap & Water  
 Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)

Type of validation: Return demonstration  Orientation  
 Annual  
 Other

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least <b>15 seconds</b> including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		

Comments or follow up actions:

Employee Signature

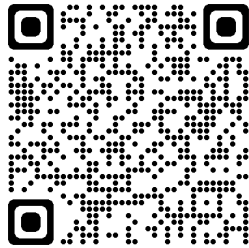
Validator Signature

Date

CDC at <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
NC SPICE; 9-2016

# Laundry Handling Checklist

## Laundry Handling Checklist | HQIN



### Laundry Handling Checklist

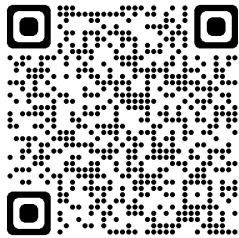
Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Location/Unit: \_\_\_\_\_

Prevention Component	Practice Performed			Comments
	Yes	No	N/A	
Appropriate personal protective equipment (PPE) is worn when handling soiled/contaminated linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soiled/contaminated linen is not carried against the body during handling or transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soiled/contaminated linen is placed in designated containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soiled/contaminated linen is handled with minimum agitation to avoid contamination of air, surfaces and people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soiled/contaminated linen is bagged or contained at the point of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soiled/contaminated linen is placed in leak-resistant bags or containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bags or containers for linen contaminated with blood are identified with labels or color coding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is dedicated space for laundering soiled linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handwashing facilities or hand sanitizer is available in the laundry area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# Standard Precautions Checklist

## Standard Precautions Checklist | HQIN



### Standard Precautions Checklist

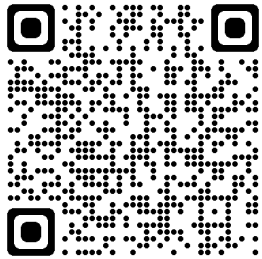
Name:   
 Date:   
 Location/Unit:

Prevention Component	Practice Performed			Comments
	Yes	No	N/A	
Hands are washed before touching a patient/resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands are washed after gloves are removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands are washed between patient/resident contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine handwashing is done with soap and water or alcohol-based hand cleanser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands are washed with soap and water after caring for a patient/resident with C. difficile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands are washed with soap and water when visibly soiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves are worn when touching blood, body fluids, secretions, excretions and contaminated items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves are removed before touching environmental surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves are changed before caring for another patient/resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# Splash Zone Checklist

## [Splash Zone Checklist | HQIN](#)



### Splash Zone Checklist

Name:

Date:

Location/Unit:

The checklist should be used to assess that items are not stored, and medications are not prepared, within three feet of splashing water. **Rationale:** Microorganisms disperse from contaminated sink bowls and drain surfaces as large droplets, generated during faucet usage, contaminating medical supplies/equipment.

Prevention Component	Practice Performed			Comments
	Yes	No	N/A	
Staff avoids placing personal items on counters next to sinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff avoids storing patient/resident care items within 3 feet of a sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If space is limited and patient/resident care items must be stored near the sink, there is a splash guard mounted beside the sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff avoids preparing medications within 3 feet of a sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If space is limited and medications must be prepared near the sink, there is a splash guard mounted beside the sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff avoids preparing/processing specimens near areas of splashing water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# Basic Form Example

- a. [NAME OF AUDIT]
- b. Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_
- c. Completed by: \_\_\_\_\_
- d. Step to evaluate Yes/No/NA Comments
- e. Provided immediate feedback of observation: YES / NO
- f. Provided one-on-one education if indicated above:  
\_\_\_\_\_
- g. I have received and understand the education provided above.
- h. Staff Signature: \_\_\_\_\_
- i. Printed name and title: \_\_\_\_\_

# Setting Expectations

- Before entering a resident's room
- Before donning (putting on) gloves
- After doffing (removing) gloves
- Before a task that involves resident care
- Between tasks that involve resident care
- Before leaving a resident's room
- Before handling food
- After using the restroom



# Why Getting it Right is So Important





# Resources

- [Healthcare Providers | Hand Hygiene in Healthcare Settings | CDC](#)
- [Hand Hygiene, Glove Use, and Preventing Transmission of C. difficile | CDC](#)
- [Break the Chain of Infection with Better Hand Hygiene | HQIN](#)
- [Module 1 Hand Hygiene | HQIN](#)
- [Hand Hygiene Competency Validation | HQIN](#)
- [Hand Hygiene Competency Tracking Tool | HQIN](#)
- [Safe Linen and Laundry Management Audit Tool | HQIN](#)
- [Safe Linen/Laundry Management IPC Action Plan Template | HQIN](#)
- [Food Safety Home Page | CDC](#)
- [Personal Protective Equipment | FAQs | Infection Control | Division of Oral Health | CDC](#)



# References

- a. Bryce E, Scharf S, Walker M, et al. The infection control audit: The standardized audit as a tool for change. *Am J Infect Control*. 2007; 35(4):271–283.
- b. Hand Hygiene Starter Kit. World Health Organization. Available at <http://www.who.int/gpsc/5may/tools/en/>.
- c. How-to guide: Improving hand hygiene. Institute for Healthcare Improvement. Available at <http://www.ihl.org/resources/pages/tools/howtoguideimprovinghandhygiene.aspx>.
- d. Ensuring hand hygiene adherence: Overcoming the challenges. The Joint Commission. Available at [http://www.jointcommission.org/assets/1/18/hh\\_monograph.pdf](http://www.jointcommission.org/assets/1/18/hh_monograph.pdf).

# There is Still Time for Participation in Onsite Assessments!



## Benefits:

- Establish relationship with personable and knowledgeable infection preventionist
- Obtain resources to assist with building a robust infection prevention program
- Glo-germ demonstration to elevate hand hygiene campaign
- Fit testing (on-site)

## For more information, contact:

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