



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Observational Audits

A Pathway to Improving Infection Prevention and Preventing the Spread of COVID-19

Infection prevention is the vital first line of defense against COVID-19. Observational audits are the best way to understand if your staff fully comply with infection prevention practices because audit observations are made while staff perform their usual duties. Auditing allows you to obtain accurate compliance rates and identify process failures, such as a step in the handwashing process that some staff miss. These are the data points you need for an effective Quality Assurance and Performance Improvement (QAPI) project. To learn more about the differences between checking competency and auditing compliance, refer to the AHRQ resource titled “Competency Check vs. Observational Audit: Validate Nursing Home Staff Performance to Improve Infection Prevention Processes for COVID-19.”

Audits should focus on one aspect of infection prevention at a time, for example, hand hygiene, personal protective equipment (PPE) use, or environmental cleaning. This tool will help you get started with observational auditing so you have useful data to guide improvement.

STEP 1: Select a Tool and Plan the Audit

Task	Action	Guidance
Identify audit and data collection tools.	Select an audit tool if your facility does not already have one.	<ul style="list-style-type: none"> Look for an evidence-based audit tool, such as the UNC SPICE hand hygiene tool. The Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and Association for Professionals in Infection Control and Epidemiology (APIC) are good places to find evidence-based infection prevention audit tools. Confirm that the audit tool aligns with facility policies.
	Establish a method for collecting audit data.	<ul style="list-style-type: none"> Most facilities find it easiest to complete a paper copy of the audit tool for each individual observed, which requires data to be keyed into a spreadsheet for subsequent analysis. Be sure to capture the date, individual’s name, auditor’s name, department, unit and shift on the audit tool. This allows you to analyze data in greater detail to pinpoint QAPI efforts. Designate one person to receive the completed audit tools and coordinate data entry.



Task	Action	Guidance
Plan the audit.	Establish the frequency and timing of audits.	<ul style="list-style-type: none"> • Conducting an initial, “baseline” audit gives you a data point against which you can measure improvement. • Once you have implemented improvement activities, weekly audits are manageable for most facilities and frequent enough that you can see the impact of these activities. • Be sure that audits cover all departments, locations, shifts and days of the week.
	Determine the audit sample size. ⁱⁱ	<ul style="list-style-type: none"> • Quality improvement projects are very different from research projects. For example, the composition of your employee or resident population is likely to change, as is the course of the pandemic. Research projects collect data in a more controlled environment. • You need to balance your ability to deliver care with the need to collect data sufficient to guide improvement. Be realistic and commit to a weekly sample size that is achievable, yet adequate to provide useful information. • In most situations, a sample of 10-20 staff per week is sufficient for change to be visible when audit results (the compliance rate) are plotted over time on a run chart. • If your facility has been checking competencies rather than performing observational audits, obtain an accurate compliance rate by conducting a baseline audit that includes most staff (see Step 2).
	Decide how you will select individuals to audit.	<ul style="list-style-type: none"> • To prevent COVID-19, it is best to include all facility staff (clinical and non-clinical) in the pool of individuals subject to audit. • Consider weighting your weekly sample so that each department is represented in proportion to its number of staff. <ul style="list-style-type: none"> ○ For example, if nursing employs 75% of your facility’s staff, 75% of your weekly audit sample should be nursing staff. • To be thorough, consider including agency staff, not just those employed by your facility. • The easiest approach is to audit individuals who are present at the time of observation until you complete the target number of audits established for the area being audited. • You will want to re-audit staff who failed the previous audit. This is to confirm they now comply with proper procedure. • Avoid re-auditing individuals who have passed an audit, so that your audits are representative of as many staff members as possible.
	Select the auditors.	<ul style="list-style-type: none"> • Your facility’s infection preventionist is a logical auditor and a great choice for leading any infection prevention audit team. • Unless your facility is very small, you will need to include additional auditors, such as nursing directors and managers. The individuals you select should know and be able to demonstrate the proper way to perform the tasks they are auditing.

STEP 2: Train the Auditors and Conduct the Baseline Audit

Tasks	Action	Guidance
<p>Review the audit tool.</p>	<p>Discuss auditing standards.</p>	<ul style="list-style-type: none"> • <u>Met</u>: Task completed with no prompting or no errors noted. • <u>Not Met</u>: Task required prompting to prevent error or error occurred. • Consider what the staff member would do if you were not watching. <ul style="list-style-type: none"> ○ <u>Example</u>: A nurse is observed removing her gown and gloves appropriately inside the resident's room. She goes to open the door prior to performing hand hygiene and the auditor has to prompt her. Although no breach occurred, this would be documented as "Not Met." • A "Not Met" on any line item results in a "Not Met" for the audit.
	<p>Discuss each line item in the audit tool to clarify expectations for observation and assessment.</p>	<p>Example: Infection and Control Manual Interim Cleaning and Disinfection Audit, COVID-19 Pandemicⁱⁱⁱ</p> <ul style="list-style-type: none"> • <u>Audit line item</u>: "Exits Room after Glove/Gown Removal" • <u>Assessment expectation</u>: Auditors will observe that prior to exiting room, staff properly remove gloves and gowns per policy. • <u>Observation expectation</u>: Auditor observes staff starting to leave a resident room with gown and gloves on to obtain the mop from the housekeeping cart in the hall. Auditor would halt the staff and ensure proper procedure is followed. The line item is "Not Met." The auditor assesses the remaining line items for the staff member and scores this audit "Not Met." • <u>Training questions for auditors</u>: What are the points in the cleaning process that require a change of gown and gloves? Where can you find that information?
<p>Review the habits of effective auditors.</p>	<p>Discuss desired auditing behaviors.</p>	<ul style="list-style-type: none"> • Auditing is an unannounced activity. When possible, auditors should not indicate they are observing individuals and should refrain from prompting them except to prevent an error that could compromise resident safety. • When possible, auditors should capture data as they audit, line by line, rather than rely on memory when they are done observing an individual. • Auditors should provide feedback to individuals after the observation is completed. Education to remediate "Not Met" tasks should never be provided in front of residents or other staff. • Auditors should seek help from a facility leader if the education needed is not within their own expertise. • Follow-up education should be documented in writing, in a standard manner. This is a good source of additional information for QAPI activities.

Tasks	Action	Guidance
Conduct the baseline audit.	Conduct the audit.	<ul style="list-style-type: none"> In order to get data for as many departments, units, shifts and schedules (weekday/weekend) as possible, set aside 1-2 weeks to complete the baseline audit.
	Check for accuracy and consistency among auditors.	<ul style="list-style-type: none"> Try to observe each auditor in action at least once in the early weeks of observational auditing. Complete the audit tool while they do, then compare results and provide feedback. Consider asking auditors to jot a quick note on the paper auditing tool that documents the reason why they marked an audit line item as “Not Met.” <ul style="list-style-type: none"> For example, at what point in the cleaning process did the housekeeper fail to change gown and gloves? This gives you the opportunity to review whether auditors correctly understood the process being audited and thus properly assessed compliance. Compare each auditor’s met/not met rates to those of the other auditors. Observe auditors with very high or very low rates to determine whether they have gaps in their knowledge of the auditing process or proper infection prevention practices. Provide feedback as necessary.

STEP 3: Analyze, Review and Act on Audit Data

Tasks	Action	Guidance
Analyze baseline audit data.	Format spreadsheet or obtain another analytic tool.	<ul style="list-style-type: none"> Set up the spreadsheet to accommodate all your data elements. Being able to compile data by individual, shift, position, department, and each audit line item will allow you to identify performance patterns and target improvement more readily. Set up the spreadsheet to calculate the compliance rate, which is the number of individuals who passed the audit divided by the total number of individuals who were audited. Your health system or corporation’s quality department or the Medicare Quality Improvement Organization for your state may be able to provide or assist with a simple analytic tool.
	Enter the audit data into the spreadsheet or other analytic tool.	<ul style="list-style-type: none"> Collect the completed hard-copy audit tools on which data were recorded. Enter data into the spreadsheet or tool; you may be able to enlist the help of administrative support staff. Review the entered data for accuracy, checking any questioned values against the hard-copy audit tools.

Tasks	Action	Guidance
Review baseline audit data.	Infection preventionist or other audit team leader reviews data with the QAPI Team.	<ul style="list-style-type: none"> • Do your baseline data suggest an opportunity to improve the compliance rate? Is your facility prepared and committed to take action? • If so, the QAPI Team forms a Performance Improvement Project (PIP) Team. • The PIP Team should review the baseline data and look for process gaps by unit, department, staff member and/or audit tool line item. These can suggest opportunities for action and help focus improvement activity. <ul style="list-style-type: none"> ○ <u>Example:</u> Environmental cleaning audit identified that 50% of nursing assistants did not sanitize vital signs machines between residents.
Use data to guide improvement activity.	PIP Team identifies root causes, action steps, and QAPI goal.	<ul style="list-style-type: none"> • Conducting a root cause analysis (RCA) helps identify barriers, which enables meaningful interventions to improve performance. • Re-education is not usually effective. Assess a process to create new prompts or system changes that make the desired action easier. <ul style="list-style-type: none"> ○ <u>Example:</u> Vital sign machines are not getting sanitized between residents. <ul style="list-style-type: none"> ▪ RCA with staff indicates cleaning supplies are not readily available and staff are too busy to find wipes. ▪ Intervention: Attach holder for wipes to equipment for easy access.
Conduct follow-up audits.	Conduct the follow-up audits.	<ul style="list-style-type: none"> • Audits should start after your facility has implemented its QAPI interventions. For example, if you decide to provide intensified training on PPE donning and doffing based on the results of your PPE audit, you would not conduct follow-up audits until after the training has been delivered. • Analyzing baseline data can help you target follow-up audits. For example, you initially may want to weight your follow-up audit samples more heavily toward units with low baseline performance.
	PIP Team uses data to fine-tune QAPI activities.	<ul style="list-style-type: none"> • Continue to measure the compliance rate to assess the effectiveness of subsequent QAPI activities until your goal is met and sustained.

Tips for Success in Observational Auditing

1. Make auditing a group effort.

Train staff beyond the nursing team to observe and audit. For example, recreation staff members may conduct observational hand hygiene audits for environmental staff members, clinical staff, or dietary staff. This distributes the auditing effort and has the added benefit of making auditors harder to spot, like “secret shoppers.” Training frontline staff to audit their own area can reinforce educational content and invest them in the QAPI process.

2. Integrate auditing into daily tasks.

With some planning, observational auditing can be worked into rounding and other routine activities. This helps fit auditing into a busy schedule. For example, observe donning and doffing practice of personal protective equipment while walking through the facility to a meeting.

3. Keep the auditing process positive.

Establish a positive sense of involvement by emphasizing that the purpose of auditing is constructive: Its purpose is to identify where processes can be improved. Involve staff in root cause analysis and ask them to share barriers that make it harder to perform a process properly. For example, when laundry workers were not wearing masks in the laundry room, a supervisor asked why. The room was too hot, they informed her. Improving the air conditioning in the laundry room made it more comfortable for staff to wear masks consistently. Ask staff for their improvement ideas and encourage them to provide feedback to other staff when they see lapses in performance.

ⁱ [NC SPICE \(unc.edu\)](#)

ⁱⁱ Perla RJ, Provost LP, Murray SK. Sampling considerations in health care improvement. *Quality Management in Health Care*. 2013 Jan/Mar;22(1):36-47.

ⁱⁱⁱ [Session-5 Audit-Tool-Cleaning-and-Disinfection.pdf \(unmc.edu\)](#) ECHO Session Material – Infection Prevention and Control Manual Interim Cleaning and Disinfection Audit COVID-19 Pandemic

