

Infection Prevention Audit Tools Instruction Manual

MDH INFECTION CONTROL ASSESSMENT AND RESPONSE (ICAR)

Infection Prevention Audit Tools Instruction Manual

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To obtain this information in a different format, call: 651-201-5414.

Contents

Overview	1
Introduction and purpose	1
Printing data and charts	1
Hand hygiene.....	2
Hand Hygiene Observation Tool	2
Hand Hygiene Audit Tracking Tool Workbook.....	4
Personal protective equipment.....	5
Personal Protective Equipment Observation Tool.....	5
Personal Protective Equipment Audit Tracking Tool Workbook	8
Wound care	9
Wound Dressing Change Observation Tool	9
Wound Care Audit Tracking Tool Workbook	11
Environmental cleaning.....	12
Environmental Checklist for Monitoring Terminal Cleaning.....	12
Environmental Services Audit Tracking Tool Workbook.....	13

Overview

The Infection Prevention Audit Tools are a suite of materials that have been designed and developed by the Minnesota Department of Health (MDH) Infection Control Assessment and Response (ICAR) Team to assist facilities to conduct audits, record and analyze audit data, and use the information to develop an action plan.

Each workbook is to be used in conjunction with an observation tool worksheet. The auditor records the occasion in which they observe Element Standards called “opportunities.” Elements include hand hygiene, personal protective equipment, wound care, and environmental cleaning. Data will track compliance and influence performance improvement efforts.

Introduction and purpose

A suite of easy-to-use Word and Excel based tools has been created to respond to an ever-changing environment in real-time, optimize prevention strategies, and drive performance improvement best practices. The tools cover the basics from hand hygiene to environmental cleaning and offer a picture of how well the facility is doing across multiple dimensions. Customizable reports and graphs provide a comprehensive view of the current infection prevention practices and identify areas where the facility can improve by providing reports on key indicators.

Audit tools and evaluation worksheets will:

- Assess compliance at the individual, department, unit, and shift levels.
- Identify whether there are opportunities to improve.
- Identify the specific steps where improvement needs to be targeted.
- Measure improvement over time.
- Auto-generate run chart as data is entered.

[MDH ICAR Infection Prevention Audit Tools](http://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/res/audit.html)

www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/res/audit.html

For technical assistance or to obtain this information in a different format, contact the MDH ICAR team at health.icar@state.mn.us or 651-201-5414.

Printing data and charts

Printing lengthy spreadsheets such as this can be difficult as they are often too long to fit on a single page. For this reason, we recommend using the Print Screen key or the Snipping Tool to capture screenshots of reports and data you are interested in presenting.

[Microsoft Support: Copy the window or screen contents](https://support.microsoft.com/en-us/office/copy-the-window-or-screen-contents-98c41969-51e5-45e1-be36-fb9381b32bb7?ui=en-us&rs=en-us&ad=us)

<https://support.microsoft.com/en-us/office/copy-the-window-or-screen-contents-98c41969-51e5-45e1-be36-fb9381b32bb7?ui=en-us&rs=en-us&ad=us>

[Microsoft Support: Use Snipping Tool to capture screenshots](https://support.microsoft.com/en-us/windows/use-snipping-tool-to-capture-screenshots-00246869-1843-655f-f220-97299b865f6b)

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Once you have an image of your screen, you are now able to save and print the image as is, copy and paste the image into other programs such as Word or PowerPoint, or include the image in a report with other data or images.

Hand hygiene

Hand Hygiene Observation Tool

Observation tool features

This audit tool can be used to determine compliance of hand hygiene practices for any staff member. Facilities may also consider using this tool for outside contractors, visitors, and volunteers.

Instructions: The observer records the occasion(s) in which they observe a staff member when they have performed hand hygiene. Hand hygiene opportunities include before room entry and upon room exit.

- **Step 1**
Complete top of form including observer, date, and unit.
- **Step 2**
Refer to the key on the tool for staff type and other abbreviations used on the observation form.
- **Step 3**
For each opportunity, the observer records the following:
 - Role – Place an X in the box to indicate the role of the person you are observing.
 - Action – Place an X in the box to indicate enter or exit
 - Hand hygiene observed – Place an X in the box that matches with observation of staff member.
- **Step 4**
Hand hygiene before room entry and upon exit of room – mark each opportunity for hand hygiene observed. (List below are examples on observation).
 - If a staff member performs hand hygiene with an alcohol-based hand rub (before entering or upon exit of room), place an X in the box labeled RUB.
 - If a staff member performs hand hygiene by washing hands with soap and water (before entering or upon exit of room), place an X in the box labeled WASH.
 - If a staff member did not perform hand hygiene (before entering or upon exit of room), place an X in the box labeled MISSED.
 - Example: RN performs HH by RUB to enter room (complete this as an opportunity observed), then RN exits the room and performs HH by RUB (complete this as an opportunity observed). This example provided two opportunities for HH that were successfully completed.
- **Step 5**
Other considerations during hand hygiene observations:
 - Unless hands are visibly soiled, alcohol-based hand rub is preferred over soap and water.
 - Soap and water are preferred methods of hand hygiene **IF** hands are visibly soiled **OR** resident is experiencing loose stools, suspected infection, or colonization with highly transmissible pathogens such as *C. difficile*.
 - If staff member enters threshold of room while carrying items, staff member must immediately place items inside room and complete hand hygiene before proceeding.
 - If staff member exits room while carrying items, staff member must immediately place items outside of room and complete hand hygiene.
 - There may be an environment where there is not an actual threshold.
 - Exit may be considered after touching a patient/resident, their environment, or leaving the patient/resident zone.
 - Entry may be considered before touching the patient/resident, their environment or entering the patient/resident zone.

- If observer is unable to visually confirm if staff member performed hand hygiene the observation cannot be counted.

Element standards

Opportunities	Description
Role	RN (Registered Nurse) LPN (Licensed Practical Nurse) CNA (Certified Nursing Assistant) EVS (Environmental Services and Housekeeping) Dietary (Dietary and Kitchen staff) Laundry (Laundry) Rehab (Rehabilitation including Physical, Occupational, Music and Speech Therapy) RT (Respiratory Therapist) Activities (Activities) Facilities (Facilities and Maintenance) Provider (MD Medical Doctor, DO Doctor of Osteopathic Medicine, NP Nurse Practitioner, PA Physician Assistant, DDS Dental) Other (administration, family, hospice and volunteers) PCA (Personal Care Attendant) TMA (Trained Medical Assistant) DSP (Direct Support Professional)
Location (e.g., Room #, Unit)	Location of observation
Hand Hygiene Observed	WASH: Hand Washing (soap & water) RUB: Hand Rub (alcohol-based hand rub) MISSED: Hand hygiene was not performed
Hand Hygiene Performed (Calculated Field)	This field is a calculated field based on the data recorded in the "Hand Hygiene Observed" data element: Y= hand hygiene observed is either wash or rub N = hand hygiene observed is missed

Hand Hygiene Audit Tracking Tool Workbook

Workbook features

The workbook is to be used in conjunction with the Hand Hygiene Observation PDF worksheet. The workbook contains 18 tabs. Below is the list of tabs, purpose and actions to be completed within each tab.

Introduction: why the tool was developed, other resources available and where to begin

Instructions: setting the timeframe and compliance goal through the following steps:

- **Step 1**
Before entering your monthly observational audit data, select an option from each of the drop-down menus (click on the down arrow at the right of the field). Complete the following fields: Facility Name, Tracking Year, Tracking Start Date, and Goal Compliance Rate.
- **Step 2**
Navigate to the Month_1 tab to begin the first month of tracking.
- **Step 3**
Insert “Y” for yes, “N” for no and “N/A” for not assessed, for each opportunity during the Hand Hygiene audit. The pop-up box for ‘Allowed Values’ can be temporarily moved out of the way using the mouse, if desired.
- **Step 4**
Achievable Score, Total Score, Actual Score, Missed Opportunities, and Overall Percentage Score will be automatically calculated.
 - This tab allows you to set your timeframe (tracking year and tracking start date) and goal compliance rate.
 - After selecting the tracking start date (mm-yyyy), the workbook will calculate the next 11 months.
 - The goal compliance rate will be included in the compliance rate graph to allow you to see how the monthly compliance rate compares.

Element standards: data dictionary providing information on the data elements and opportunities

Template Audit Score: example of a completed month tab

Summary Statistics: data entered in each month is rolled up into the Summary Statistics tab allowing for weekly/monthly comparison by user

Action Plan: document audit action plans and track progress

Month_1:Month_12: 12 months of recording employee and audit data

Helpful Hint: Designate a person to receive the completed observation tools and coordinate data entry into the excel workbook.

Personal protective equipment

Personal Protective Equipment Observation Tool

Observation tool features

This audit tool can be used to determine compliance of hand hygiene practices and personal protective equipment (PPE) for any staff member.

Instructions: The observer records the occasion(s) in which they observe a staff member when they have completed hand hygiene and donning or doffing PPE. Hand hygiene is a component of a PPE audit.

- **Step 1**
Complete top of form that including observer, date and unit.
- **Step 2**
Refer to the key on the tool for staff role and other abbreviations used on the observation form.
- **Step 3**
For each opportunity, the observer records the following:
 - Role – Place an X in the box for the position of the person you are observing.
 - Action – Place an X in the box for the enter or exit.
 - Hand hygiene observed – Place an X in the box if the hand hygiene was performed by Rub, Wash, or Missed.
 - Transmission Based Precaution: Place X in the box that matches the posted precaution sign.
 - PPE donned in CORRECT order: Place an X in the box that correlates with staff member donning PPE.
- **Step 4**
Hand hygiene before room entry and upon exit of room – mark each opportunity for hand hygiene observed. (List below are examples on observation).
 - If a staff member performs hand hygiene with an alcohol-based hand rub (before entering or at exit of room), place an X in the box labeled RUB.
 - If a staff member performs hand hygiene by washing hands with soap and water (before entering or at exit of room), place an X in the box labeled WASH.
 - If a staff member did not perform hand hygiene (before entering or at exit of room), place an X in the box labeled MISSED.
- **Step 5**
Other considerations during hand hygiene observations:
 - Unless hands are visibly soiled, alcohol-based hand rub is preferred over soap and water.
 - Soap and water are preferred methods of hand hygiene **IF** hands are visibly soiled **OR** resident is experiencing loose stools, suspected infection, or colonization with highly transmissible pathogens such as *C. difficile*.
 - If staff member enters threshold of room while carrying items, staff member must immediately place items inside room and complete hand hygiene before proceeding.
 - If staff member exits room while carrying items, staff member must immediately place items outside of room and complete hand hygiene.
 - If observer is unable to visually confirm if staff member performed hand hygiene the observation cannot be counted.

- **Step 6**

Precautions – Place an X in the box that corresponds with Transmission-Based Precaution sign on the entrance of resident room. Example: If the resident is in Contact Precautions, place an X in the box labeled CONTACT. Staff member MUST don and doff PPE in correct order to be compliant according to precaution.

- Staff member must perform hand hygiene before donning PPE (refer to hand hygiene audit process).
- Staff member dons specific PPE in correct order before entering room, place an X in the box that corresponds with the PPE donned labeled Yes.
- If staff member enters room without donning specific PPE, place an X in the box that corresponds with the PPE labeled No.
- Staff member doffs PPE in correct order before exiting room or at threshold of room and places PPE in proper receptacle.
- Before proceeding to next task or upon exit of the room; hand hygiene must be performed by either RUB with alcohol-based hand sanitizer or WASH with soap and water.

- **Step 7**

Correct order of donning PPE: Hand Hygiene, Gown, Mask/Respirator, Eye Protection, and Gloves

- **Step 8**

Correct order of doffing PPE: Gloves, Gown, Hand Hygiene, Eye protection, and Mask/Respirator

Element standards

Opportunities	Description
Role	RN (Registered Nurse) LPN (Licensed Practical Nurse) CNA (Certified Nursing Assistant) EVS (Environmental Services and Housekeeping) Dietary (Dietary and Kitchen staff) Laundry (Laundry) Rehab (Rehabilitation including Physical, Occupational, Music and Speech Therapy) RT (Respiratory Therapist) Activities (Activities) Facilities (Facilities and Maintenance) Provider (MD Medical Doctor, DO Doctor of Osteopathic Medicine, NP Nurse Practitioner, PA Physician Assistant, DDS Dental) Other (administration, family, hospice and volunteers) PCA (Personal Care Attendant) TMA (Trained Medical Assistant) DSP (Direct Support Professional)
Location (e.g., Room #, Unit)	Location of observation
Hand Hygiene Observed	WASH: Hand Washing (soap & water) RUB: Hand Rub (alcohol-based hand rub) MISSED: Hand hygiene was not performed
Hand Hygiene Performed (Calculated Field)	This field is a calculated field based on the data recorded in the "Hand Hygiene Observed" data element: Y= hand hygiene observed is either wash or rub N = hand hygiene observed is missed
Precautions	<p>Contact precautions: hand hygiene plus donning gloves and gowns before room entry or passing room threshold.</p> <p>Droplet precautions: hand hygiene plus donning mask before room entry or passing room threshold.</p> <p>Contact and Droplet precautions: hand hygiene plus donning gloves, gowns and mask before room entry or passing room threshold.</p> <p>Enhanced Respiratory precautions: hand hygiene plus donning gloves, gowns, N95/PAPR/Respirator and eye protection before room entry or passing room threshold.</p>

Personal Protective Equipment Audit Tracking Tool Workbook

Workbook features

The workbook is to be used in conjunction with the Personal Protection Equipment (PPE) Observation Tool PDF worksheet. The workbook contains 18 tabs. Below is the list of tabs, purpose and actions to be completed within each tab.

Introduction: why the tool was developed, other resources available and where to begin

Instructions: setting the timeframe and compliance goal through the following steps:

- **Step 1**
Before entering your monthly observational audit data, select an option from each of the drop-down menus (click on the down arrow at the right of the field). Complete the following fields: Facility Name, Tracking Year, Tracking Start Date, and Goal Compliance Rate.
- **Step 2**
Navigate to the Month_1 tab to begin the first month of tracking.
- **Step 3**
Insert “Y” for yes, “N” for no and “N/A” for not assessed, for each opportunity during the Hand Hygiene audit. The pop-up box for ‘Allowed Values’ can be temporarily moved out of the way using the mouse, if desired.
- **Step 4**
Achievable Score, Total Score, Actual Score, Missed Opportunities, and Overall Percentage Score will be automatically calculated.
 - This tab allows you to set your timeframe (tracking year and tracking start date) and goal compliance rate.
 - After selecting the tracking start date (mm-yyyy), the workbook will calculate the next 11 months.
 - The goal compliance rate will be included in the compliance rate graph to allow you to see how the monthly compliance rate compares.

Element standards: data dictionary providing information on the data elements and opportunities

Template Audit Score: example of a completed month tab

Summary Statistics: data entered in each month is rolled up into the Summary Statistics tab allowing for weekly/monthly comparison by user

Action Plan: document audit action plans and track progress

Month_1:Month_12: 12 months of recording employee and audit data

Helpful Hint: Designate a person to receive the completed observation tools and coordinate data entry into the excel workbook.

Wound care

Wound Dressing Change Observation Tool

Observation tool features

This audit tool can be used to determine compliance of wound dressing change practices for any staff member.

Instructions: The observer records the occasion(s) in which they observe a staff member when they have completed the relevant elements.

- **Step 1**

Complete top of form that include observer, date and unit.

- **Step 2**

Refer to the key on the tool for staff type and other abbreviations used on the observation form.

- **Step 3**

For each opportunity, the observer records the following:

- Role – Place an X in the box for the position of the person you are observing.
- Action – Place an X in the box to assess compliance of the corresponding elements.
 - Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at resident's bedside before starting procedure.
 - Additional PPE (e.g., facemask/face shield, gown) should be worn to prevent body fluids exposure per facility policy.
 - Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single resident whenever possible or a small amount of medication should be aliquoted into clean container for single-resident use; Meds should be stored properly in centralized location and never enter a resident treatment area.
 - Gloves should be changed, and hand hygiene performed when moving from dirty to clean wound care activities (e.g., after removal of soiled dressings, before handling clean supplies); Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized irrigation solution; All soiled dressing supplies should be discarded.
 - In addition to reusable medical equipment, any surface in the resident's immediate care area contaminated during a dressing change should be cleaned and disinfected. Any visible blood or body fluid should be removed first with a wet, soapy cloth and then disinfected with an EPA-registered disinfectant per manufacturer instructions and facility policy. Surface/equipment should be visibly saturated with solution and allowed to dry for proper disinfection before reuse.
 - Wound care documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes; Wound care is documented in medical records per facility policy.
 - Wound care supply cart should never enter the resident's immediate care area nor be accessed while wearing gloves or without performing hand hygiene first. These are important for preventing cross-contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care.

Element standards

Opportunities	Description
All supplies are gathered before dressing change	Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at resident’s bedside before starting procedure
HH performed before dressing change	
Clean gloves donned before dressing change	Additional PPE (e.g., face mask/face shield, gown) should be worn to prevent body fluids exposure per facility policy
Multi-dose wound care meds are used appropriately	Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single resident whenever possible or a small amount of medication should be aliquoted into clean container for single-resident use; Meds should be stored properly in centralized location and never enter a resident treatment area
Dressing change performed in manner to prevent cross-contamination	Gloves should be changed and HH performed when moving from dirty to clean wound care activities (e.g., after removal of soiled dressings, before handling clean supplies); Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized irrigation solution; All soiled dressing supplies should be discarded immediately
Gloves removed after dressing change completed	
HH performed after dressing change completed	
Reusable equipment cleaned and/or disinfected appropriately	In addition to reusable medical equipment, any surface in the resident’s immediate care area contaminated during a dressing change should be cleaned and disinfected; Any visible blood or body fluid should be removed first with a wet, soapy cloth then disinfected with an EPA-registered disinfectant per manufacturer instructions and facility policy; Surfaces/equipment should be visibly saturated with solution and allowed to dry for proper disinfection before reuse
Clean, unused supplies discarded or dedicated to one resident	
Wound care performed/assessed regularly	Wound care documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes; Wound care is documented in medical records per facility policy
Wound care supply cart is clean	Wound care supply cart should never enter the resident’s immediate care area nor be accessed while wearing gloves or without performing HH first. These are important to preventing cross contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care

Wound Care Audit Tracking Tool Workbook

Workbook features

The workbook is to be used in conjunction with the Wound Dressing Change Observation Tool PDF worksheet. The auditor records the occasion in which they observe if a staff member completes the relevant elements during a wound dressing change. The workbook contains 18 tabs. Below is the list of tabs, purpose and actions to be completed within each tab.

Introduction: why the tool was developed, other resources available and where to begin

Instructions: setting the timeframe and compliance goal through the following steps:

- **Step 1**
Before entering your monthly observational audit data, select an option from each of the drop-down menus (click on the down arrow at the right of the field). Complete the following fields: Facility Name, Tracking Year, Tracking Start Date, and Goal Compliance Rate.
- **Step 2**
Navigate to the Month_1 tab to begin the first month of tracking.
- **Step 3**
Insert “Y” for yes, “N” for no and “N/A” for not assessed, for each opportunity during the Hand Hygiene audit. The pop-up box for ‘Allowed Values’ can be temporarily moved out of the way using the mouse, if desired.
- **Step 4**
Achievable Score, Total Score, Actual Score, Missed Opportunities, and Overall Percentage Score will be automatically calculated.
 - This tab allows you to set your timeframe (tracking year and tracking start date) and goal compliance rate.
 - After selecting the tracking start date (mm-yyyy), the workbook will calculate the next 11 months.
 - The goal compliance rate will be included in the compliance rate graph to allow you to see how the monthly compliance rate compares.

Element standards: data dictionary providing information on the data elements and opportunities

Template Audit Score: example of a completed month tab

Summary Statistics: data entered in each month is rolled up into the Summary Statistics tab allowing for weekly/monthly comparison by user

Action Plan: document audit action plans and track progress

Month_1:Month_12: 12 months of recording employee and audit data

Helpful Hint: Designate a person to receive the completed observation tools and coordinate data entry into the excel workbook.

Environmental cleaning

Environmental Checklist for Monitoring Terminal Cleaning

Checklist features

Evidence supports transmission of healthcare acquired pathogens is related to contamination of near-patient surfaces and equipment. High touch surfaces have been grouped into five categories because cleaning practice within an institution is more likely to vary between types of objects than by patient unit.

Instructions: completing the observation

- **Step 1**

The auditor records the occasion in which they observe if a staff member completes the relevant elements during a terminal cleaning, these are called “opportunities”. The environmental cleaning opportunities are defined on the “Element Standards” tab.

Element standards

Category	Opportunities	Description
High Touch I	Bed rails/controls Tray table IV Pole (grab area)	All parts of the items should be visibly clean and free from blood or body substances, dust, dirt, debris, and spillages. Equipment is free from tapes/plastic etc., that may compromise cleaning. Equipment lents, wheels and castors are free from mop strings, film, dust and cobwebs.
High Touch II	Call box/ button Telephone Bedside table handle	Hard surface items are free from dust, spots, film, fingerprints, and spillages. Equipment is free from tapes/plastics, etc., which may compromise cleaning.
High Touch III	Chair Room sinks Room light switch Room inner doorknob	Hard surface items are free from dust, spots, film, fingerprints, and spillage. Soft surface items are free from stains, lint, rips and worn areas. Sink porcelain and tap fittings are free from smudges, smears, body fluids, soap build-up and mineral deposits.
Bathroom Surfaces	Bathroom inner doorknob/plate Bathroom light switch Bathroom handrails by toilet Bathroom sink Toilet seat Toilet flush handle Toilet bedpan cleaner	Hard surface items are free from dust, spots, film, fingerprints, and spillages. Toilet porcelain and plastic surfaces are free from smudges, smears, body fluids, soap build-up and mineral deposits. Sink porcelain and tap fittings are free from smudges, smears, body fluids, soap build-up and mineral deposits. Equipment is free from tapes/plastics, etc., which may compromise cleaning.

Category	Opportunities	Description
Equipment Surfaces	IV pump control Monitor controls Monitor touch screen Monitor cables Ventilator control panel	Equipment is free from dust, dirt, smudges, fingerprints, blood and body substances. Equipment is free from tapes/plastic etc., that may compromise cleaning. Equipment legs, wheels and castors are free from mop strings, film, dust and cobwebs.

Environmental Services Audit Tracking Tool Workbook

Workbook features

The workbook is to be used in conjunction with the Environmental Checklist for Monitoring Terminal Cleaning Observation PDF worksheet. The workbook contains 18 tabs. Below is the list of tabs, purpose and actions to be completed within each tab.

Introduction: why the tool was developed, other resources available and where to begin

Instructions: setting the timeframe and compliance goal through the following steps:

- **Step 1**
Before entering your monthly observational audit data, select an option from each of the drop-down menus (click on the down arrow at the right of the field). Complete the following fields: Facility Name, Tracking Year, Tracking Start Date, and Goal Compliance Rate.
- **Step 2**
Navigate to the Month_1 tab to begin the first month of tracking.
- **Step 3**
Insert “Y” for yes, “N” for no and “N/A” for not assessed, for each opportunity during the Hand Hygiene audit. The pop-up box for ‘Allowed Values’ can be temporarily moved out of the way using the mouse, if desired.
- **Step 4**
Achievable Score, Total Score, Actual Score, Missed Opportunities, and Overall Percentage Score will be automatically calculated.
 - This tab allows you to set your timeframe (tracking year and tracking start date) and goal compliance rate.
 - After selecting the tracking start date (mm-yyyy), the workbook will calculate the next 11 months.
 - The goal compliance rate will be included in the compliance rate graph to allow you to see how the monthly compliance rate compares.

Element standards: data dictionary providing information on the data elements and opportunities

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Action Plan: document audit action plans and track progress

Month_1:Month_12: 12 months of recording employee and audit data

Helpful Hint: Designate a person to receive the completed observation tools and coordinate data entry into the excel workbook.