Infection Prevention & Control: Observational Audit vs. Competency Assessment

For an infection prevention and control program to be successful, it is important to **identify the differences** between an **observational audit** and a **competency assessment**. An observational audit is completed as part of the ongoing quality assurance and performance improvement (QAPI) process. **Observational audits** collect data on task performance and process gaps; they involve the direct observation or monitoring of healthcare personnel's adherence to job-specific measures.[1] A **competency assessment** is completed to meet education and regulatory compliance for your facility and is used to demonstrate staff knowledge of proper task performance.[2] **Healthcare personnel infection prevention competency** is defined as the proven ability to apply essential knowledge, skills, and abilities to prevent the transmission of pathogens during the provision of care.[1] A **competency assessment** verifies infection prevention competency through knowledge-based testing and direct observation. If direct observation is not included in a competency assessment, an alternative method should be used to ensure that healthcare personnel possess essential knowledge, skills, and abilities (e.g., a skills lab).[1]

Facilities should develop processes to ensure that all healthcare personnel understand and are competent to adhere to infection-prevention requirements in performing their roles and responsibilities. Training should include all healthcare personnel responsible for a particular task. For example, all healthcare personnel should receive training on hand hygiene. However, training in point-of-care blood testing would be provided only to those responsible for performing such testing or for cleaning and disinfecting the equipment. Facilities should require training before individuals are allowed to perform their duties and at least annually as a refresher. Also, facilities should provide additional training in response to recognized lapses in adherence (e.g., audits) and address newly recognized infection transmission threats (e.g., the introduction of new equipment, new procedures). Training should be job-specific and include information about why, how, and when specific practices should be performed. In addition, facilities can identify and develop infection prevention champions within the organization. Infection prevention champions are respected individuals with strong communication skills who are knowledgeable and enthusiastic about the topic. These individuals support infection prevention initiatives by engaging and educating colleagues, solving problems, and communicating across all levels of leadership.[3]

Centers for Disease Control and Prevention. Infection Prevention Champions.

One **key** difference between observational audits and competency assessments is that observational audits are conducted while staff are in the actual work environment, whereas competency assessments occur in a controlled environment, such as during scheduled training. This difference is significant because observational audits allow facilities to obtain accurate compliance rates and identify process failures (e.g., missed steps in the hand hygiene process).[2]

The table on the following page identifies additional differences between observational audits and competency assessments.

Observational Audit	Competency Assessment
Used to obtain data about actual task performance and process gaps that can be used to inform QAPI activities.	Used to demonstrate staff knowledge of proper task performance.
A qualified team member trains staff/leaders (observers) to conduct audits (e.g., a licensed nurse educator, subject matter expert, champions[3]). Audit findings are submitted to the qualified team member for review.	Qualified team members utilize standardized facility tools to educate and evaluate staff.
Observational audits are unannounced. Review of the procedure is **not** completed before observation. The observer evaluates current knowledge and skills in the normal work environment.	The employee is aware of the observation. Education/training is provided first. Training should follow organizational policies and procedures. Training is conducted during scheduled education sessions, such as orientations.
If education, correction, or coaching is required during an observational audit to avoid a potential infection prevention error, even if the employee verbalizes understanding, the observer should record **"Not met or not successful"** on the audit tool.	If education, correction, or coaching is required and the employee demonstrates/verbalizes understanding, this equals **"Met or successful"** on the competency checklist.
Performed regularly, as defined by your facility. Captures all shifts (including weekends).	Performed annually and as needed with updated policies and procedures.
Feedback is provided routinely (e.g., in staff break rooms, in meeting minutes, during huddles). Immediate on-the-spot feedback should be provided to prevent patient/resident harm and future errors. Feedback should be documented in writing.	Feedback is provided one-to-one during competency assessment (e.g., demonstration).
Observational audit results are collected for tracking/trending and retained as part of the facility QAPI program.	Results are placed in the employee file for staff education requirements and used for evidence of competency.

What is an observational audit?

Observational audits collect data on task performance and process gaps; they involve the direct observation or monitoring of healthcare personnel's adherence to job-specific measures in the work environment.[1] Observational audits are the best way to understand if all healthcare personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities. It allows you to obtain accurate compliance rates and identify process failures, such as missed handwashing steps. Auditing provides an opportunity to give staff feedback on their performance and to inform further education that reinforces and clarifies key infection prevention concepts.[3] Audits should target key steps outlined in infection prevention-related policies and procedures (e.g., hand hygiene, personal protective equipment, environmental cleaning, indwelling devices, injection safety) and focus on one aspect at a time. When selecting or developing an audit tool, remember to:

- Collaborate with key partners and departments involved in the audit process (e.g., Infection Prevention, Staff Development/Education, and Quality Improvement).
- Identify feedback mechanisms and data display locations (e.g., staff or committee meetings, posters, intranet, newsletters).
- Ensure audit tools align with all facility communication, programs, and regulatory requirements (e.g., quality initiatives, staff education, policies, and procedures).
- Establish Infection Prevention Champions[2] to engage staff.
- Review the availability of similar audit tools; it may be easiest to adapt existing resources.

Design considerations

A well-designed audit tool allows for streamlined data collection. Collecting data for action allows for targeted performance improvement efforts to enhance patient/resident safety and positive outcomes. An audit tool will enable you to obtain accurate compliance rates and identify process failures and key data points to support an effective quality assurance and performance improvement (QAPI) process.[2]
When designing or reviewing an audit tool, consider the following:

- Instructions and key data elements (e.g., minimum observations).
- Brief rationale and definition of the process being audited.
- Clear and concise language. Keep content to one page, front and back.

The following table lists existing observational audit resources that may provide templates for developing and implementing infection-prevention-related audit tools.

Hand Hygiene	
Hand Hygiene Observational Audits Data Tracking Tool	https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/hand-hygiene-observational-audit-tool-tt.xlsx
Infection Prevention & Control Audit Tool: Hand Hygiene	https://www.nj.gov/health/cd/documents/topics/hai/hand_hygiene_audit_tool.pdf
Speedy Audit Lite	https://www.speedyaudit.com/
Environmental Services	
Environmental Rounds Worksheet for Infection Prevention	https://apic.org/Resource_/TinyMceFileManager/Academy/ASC_101_resources/Assessment_Checklist/Environment_Checklist.doc
NJDOH ICAR Environmental Cleaning Checklist	https://www.nj.gov/health/cd/documents/topics/hai/environmental_checklist.pdf
Personal Protective Equipment	
Personal Protective Equipment Audit Tool	https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/Project-Firstline/PPE-Audit-Tool.pdf
Hand Hygiene/Personal Protective Equipment Monitoring Tool for Nursing Homes	https://www.hsag.com/globalassets/covid-19/tool---hsag---hand-hygiene---ppe-audit-tool.pdf

General Observational Audit Resources	
Grid-Example Quick Observation Tools Summary	https://ipobservationtools.org/wp-content/uploads/2018/05/Data-Tabulation-Blank.xlsx
CDC & APIC Quick Observation Tools for Infection Prevention	https://www.cdc.gov/infection-control/php/tools/index.html#cdc_listing_res3-quick-observation-tools-quots-tools-and-suites
AHRQ Observational Audits: A Pathway to Improving Infection Prevention and Preventing the Spread of COVID-19	https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/observational-audits.pdf

What is a competency assessment?

A **competency assessment** verifies infection prevention competency through knowledge-based testing and direct observation. If direct observation is not included in a competency assessment, an alternative method should be used to ensure that healthcare personnel possess essential knowledge, skills, and abilities (e.g., a skills lab).[1] **Healthcare personnel infection prevention competency** is defined as the proven ability to apply essential knowledge, skills, and abilities to prevent the transmission of pathogens during the provision of care.[1] This is done through job-specific education, training, and assessment to ensure that healthcare personnel possess infection prevention competency. Training should be adapted to reflect the diversity of the workforce, facility type, and tailored to meet the needs of each category of healthcare personnel being trained.[4]

Competency assessments are used to identify potential performance problems and address them. Patients/residents rely on healthcare personnel to be competent within their roles, including specific infection prevention and control practices. It is essential that healthcare personnel demonstrate the competencies required to deliver appropriate, evidence-based care to patients/residents.[4] In healthcare, **competency-based training** goes hand in hand with audits and feedback to promote adherence to standards of care and to help sustain safe, evidence-based practices.

What elements to address?

Whether you are reviewing your current competency-based training program or designing a new one, there are six general elements that should be addressed:

1. Are all relevant healthcare personnel included in the training?
2. Is training conducted upon hire before providing care or specific procedures?
3. Is training offered at least annually, and when new equipment or protocols are introduced?
4. Does your organization include specific elements of infection prevention competency?
    a. Examples include, but are not limited to, hand hygiene, personal protective equipment, environmental cleaning, and disinfection.
5. Do you require healthcare personnel to demonstrate competency following each training?
6. Do you have a system for documenting the competency of healthcare personnel?[5]

The following table identifies existing resources that may provide templates for developing and implementing competency-based infection-prevention training programs:

Hand Hygiene	
Hand Hygiene Competency Validation	https://spice.unc.edu/wp-content/uploads/2017/03/Hand-Hygiene-Competency-SPICE.pdf
Caught Red-Handed	https://www.nj.gov/health/cd/documents/topics/hai/caught_red_handed_hai.pdf
Environmental Services	
Association for the Health Care Environment, Certified Health Care Environmental Services Professional (CHESP)	https://www.ahe.org/designations/chesp
Personal Protective Equipment	
Personal Protective Equipment Competency Validation	https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf
General Infection Prevention & Control Competency Resources	
Certification Board of Infection Control and Epidemiology, Inc.	https://www.cbic.org/
Competency for Novice Infection Preventionists	https://spice.unc.edu/wp-content/uploads/2022/06/Competency-for-Novice-IPs-updated-final_2022.pdf
Competency for Proficient Infection Preventionists	https://spice.unc.edu/wp-content-/uploads/2022/06/Competency-for_Proficient-IPs-updated-final_2022.pdf
Infection Prevention and Control Toolkit for Training, Competency, Monitoring, and Feedback	https://spice.unc.edu/trainingtoolkit/
World Health Organization: Core Competencies for Infection Prevention and Control Professionals	https://www.who.int/publications/i/item/9789240011656

References

[1]Centers for Disease Control and Prevention (n.d.). Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings. Retrieved May 16, 2024, from https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html.

[2]Agency for Healthcare Research and Quality. (2021 March). Competency Check vs. Observational Audit. Retrieved November 29, 2023, from https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/competency-check-vs-observational-audit.pdf.

[3]Centers for Disease Control and Prevention (n.d.). Infection Prevention Champions. Retrieved May 17, 2024, from https://www.cdc.gov/healthcare-associated-infections/media/pdfs/HAI-Toolkit.

[4]Centers for Disease Control and Prevention. (n.d.). Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings. Retrieved May 16, 2024, from https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html.

[5]Centers for Disease Control and Prevention. Competency-Based Training for Infection Prevention. Retrieved May 17, 2024, from https://www.cdc.gov/infection-control/media/pdfs/Strive-ReCBT.