**Infection Control Auditing Results**

Facility name:

Name of person completing:

Email/Phone of person completing:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Number of Audits Completed** | **Goal %** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| PPE-Donning/Doffing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand Hygiene Rate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disinfection/Cleaning (equipment, laundry) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***If your auditing results fall below your set monthly goal, document what mitigation tactics were done to ensure goal will be met the following month.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Month Below Goal** | **Mitigation Tactic** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

A screenshot of a cell phone

Description automatically generated

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Innovation Network - Quality Improvement Organization for North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12SOW-GPQIN-15/0520