

## **(EXAMPLE)** Click to Enter Year Annual Surveillance Program for Choose or Enter a Process Measure

1. The facility has an approved policy for Click to enter policy subject requirements that is based upon national recommendations, regulations and requirements and is located Click to enter location policy.
2. The healthcare workers (HCWs) in the facility will receive training upon hire and at least annually on the approved policy for Click to enter policy subject. This training will include: Click to describe the learning management system, video or other type of training material that is required at this facility.
3. After completing training, frontline staff will demonstrate their competency in performing proper Click to enter process measure according to the policy to the infection preventionist (IP) or approved designee.
4. Compliance audits for Click to enter process measure performance will be based upon the organizational Click to enter policy subject/title policy and will be conducted weekly under the coordination of the IP. A minimum of Click to enter number audits per week will be completed by the IP and/or trained designee.
5. The compliance audits will be recorded either on a paper-based audit form or using an electronic rounding tool; Click to enter name of electronic tool.
6. Each month, the IP will gather, organize and analyze the data to prepare them for development of the Click to enter process measure compliance quarterly reports. These quarterly reports may include:
  - a. Overall facility compliance rates
  - b. Compliance rates per job description for direct care providing staff
  - c. Compliance rates by location (i.e. unit locations) if applicable
  - d. Compliance by location and shift (i.e. days, evening, nights)
  - e. Comparison of trending of compliance rates over time compared to the facility's benchmark data and targeted goal
  - f. Analysis: Utilize the percentage rate of compliance for meeting opportunities for performing Click to enter process measure. This should be calculated using the number of compliant actions noted/total number of observed opportunities x 100.
7. The final reports from the IP are shared with the oversight group (the infection control/QAPI Committee) and with frontline HCWs.