

## **Onsite Infection Prevention and Control (IPC) Assessment Competency**

IP Name:	Date:
Evaluator Name:	Title:

Planning Phase	Met/	Not Met/	Comments	Evaluator
	Reviewed	Reviewed		Initials
Able to determine the reason for visit and able to triage visit				
(urgent versus non-urgent onsite)				
Understands/Verbalizes how to coordinate an assessment and				
includes the necessary details below:				
a. Date and time of the assessment				
b. Discuss expectations of an onsite IPC assessment (i.e.,				
length of visit)				
c. Determine whether the facility has any needs or				
concerns that should be addressed during the				
assessment				
d. Identify specific practices or areas that must observed				
(i.e., observing wound care)				
e. Review relevant presentations, reports, and/or				
documents				
f. Determine/recruit Healthcare Facility (HCF) staff				
member(s) who should be participating during the				
assessment (if possible)				
g. Explain to HCF staff the importance of arriving at the				
facility prior to room cleaning to conduct fluorescent				
marking (if applicable)				
h. Exchange contact information with HCF staff for future				
communication				
i. Gather necessary forms applicable to the type of				
assessment				
j. Request that HCF staff prepare daily schedules of care				
practices that will be observed (see phase 2)				
Demonstrates knowledge and understanding of the				
recommended IPC practices associated with the visit and can				
identify the relevant resources associated with the practices				
Has reviewed and demonstrates knowledge of the assessment				
and adherence monitoring tools				
Confirms a scheduled assessment via written communication				
(email)				
Introduction Phase	Met/ Reviewed	Not Met/ Reviewed	Comments	Evaluator Initials
Completes meet-and-greet with IP, leadership, the				
Environmental Services (EVS) manager, and/or other key facility				
stakeholders				
Verbalizes the goal of the visit and provides a brief overview of				
what will occur				



Requests a daily schedule for specific care practices relevant to the type of assessment				
Creates a tentative and flexible agenda to share with HCF staff (include an interview time and an exit meeting):				
occur at the beginning of the assessment or at the end of the assessment				
b. Completes standardized interview per flexible agenda  Observation Phase	N/a+/	Not Nat/	Commonto	Fredricken
Observation Phase	Met/ Reviewed	Not Met/ Reviewed	Comments	Evaluator Initials
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Completes rounds throughout the HCF and includes areas				
pertinent to the reason for the visit				
Introduces herself/himself to HCF staff whenever applicable				
Asks HCF staff appropriate questions to complete assessment,				
when necessary				
Takes notes while walking throughout the facility				
Understands the need to observe as many different staff				
members, patient/resident rooms, and departments as possible				
Adherence Monitoring Phase	Met/	Not Met/	Comments	Evaluator
	Reviewed	Reviewed		Initials
Able to complete Adherence Monitoring throughout the facility:				
<ul> <li>a. Observes as many different staff members,</li> </ul>				
patient/resident rooms, and departments as possible				
Verbalizes/Compares Adherence Monitoring rates with those				
obtained by the facility				
Lists missed opportunities found during CDPH HAI Adherence				
Monitoring phase				
Feedback Phase	Met/	Not Met/	Comments	Evaluator
	Reviewed	Reviewed		Initials
Completes exit meeting with IP, leadership, the EVS manager,				
and/or other key facility stakeholders				
Is able to report the following:				
a. Goals of the assessment				
b. Findings and Recommendations (should be presented in				
a standardized manner allotting time for discussion and				
questions)				
c. The facility has been advised that a written report				
summarizing Findings and Recommendations will be				
provided within a specific timeframe				
Sends assessment report to HCF within a specific timeframe				
Determine if follow up visits are needed				
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IP Signature:	Date:	
Evaluator Signature:	Date:	