



Health Quality Innovation Network

Guidance for Infection Control Action Plans

Purpose:

The Health Quality Innovation Network (HQIN) is offering this presentation as visual companion to the Infection Control Action Plan Templates.

This resource will:

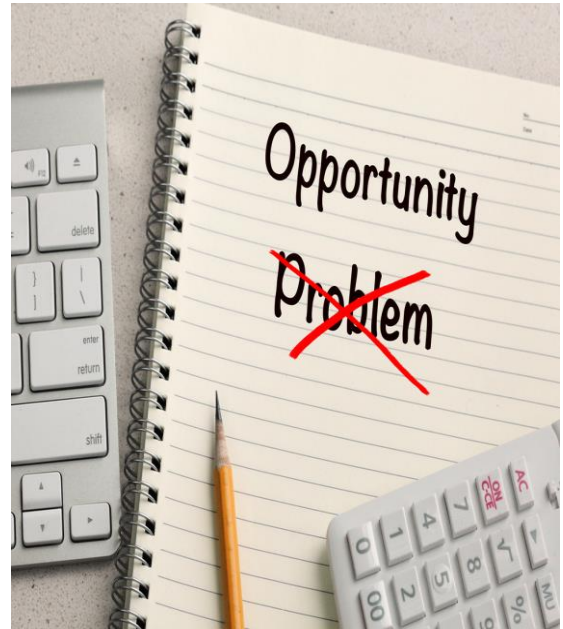
1. Serve as a guide to walk through the HQIN Infection Control Action Plan Templates
2. Serve as an educational tool for your team
3. Support survey readiness and response to Plan of Corrections and Directed Plan of Corrections
4. Connect you to additional QAPI resources

Identify Gaps & Opportunities for Improvement

- Review your sources of information to determine if gaps or patterns exist in your systems of care that could result in quality problems
- Observe for any areas where processes are breaking down
- Important to be proactive as well as reactive

Area of Opportunity

- Reviewed past F880 citations
- Reviewed hand hygiene audits
- Interviewed staff



Infection Prevention and Control Action Plan Template

Area of Opportunity:

Proper hand hygiene is not being performed consistently by direct care staff and other employees.

Root Cause Analysis (specify each root cause and address each within the action plan):

1.

2.

3.

Conduct Root Cause Analyses for Each Identified Gap or Opportunity

- Human factors
 - Communication
 - Training
 - Distraction
 - Bias
- Rules, Policies, Procedures
 - Was there a problem with current policies or procedures?
 - Are there no policies or procedures for addressing an issue?
- Environment/Equipment
- Barriers
 - Was this a breakdown in a barrier or defensive mechanism that was intended to prevent the problem?



Root Cause Analysis

1. Inconvenient locations of hand hygiene products.
2. Staff forget to wash hands
3. All staff do not receive same frequency of education
4. Staff believe that wearing gloves is a substitute for hand hygiene
5. All staff are not audited on hand hygiene
6. Hand hygiene compliance data is not collected or reported

Infection Prevention and Control Action Plan Template

Area of Opportunity:

Proper hand hygiene is not being performed consistently by direct care staff and other employees.

Root Cause Analysis (specify each root cause and address each within the action plan):

1. All staff do not receive the same frequency of hand hygiene education
2. All staff are not audited on hand hygiene
3. Hand hygiene stations not conveniently located on the units
- 4.
- 5.

Establish a SMART Goal

SPECIFIC

Describe the goal in terms of 3 'W' questions

- What do we want to accomplish?
- Who will be involved/affected?
- Where will it take place?

MEASURABLE

Describe how you will know if the goal is reached

ATTAINABLE

Defend the rationale for setting the goal measure

RELEVANT

Describe how the goal will address the business problem

TIME-BOUND

Define the timeline for achieving the goal

Goal-Setting Worksheet



Goal setting is important for any measurement related to performance improvement. This worksheet is intended to help teams establish appropriate goals for individual measures and also for performance improvement projects. Goals should be clearly stated and describe what the organization or team intends to accomplish. Use this worksheet to establish a goal by following the SMART formula outlined below. Note that setting a goal does not involve describing what steps will be taken to achieve the goal. It is helpful to post the written goal somewhere visible and regularly communicate the goal during meetings in order to stay focused and remind caregivers that everyone is working toward the same goal.

Describe the problem to be solved:

Use the **SMART** formula to develop a goal:

SPECIFIC: Describe a goal in terms of three "W" questions.

What do we want to accomplish?

Who will be involved and who will be affected?

Where will it take place?

MEASURABLE: Describe how you will know if the goal is reached.

What is the measure you will use?

What is the current data figure (i.e., count, percent, rate) for the measure?

What do you want to increase/decrease that number to?

SMART Goal Example

Hand hygiene compliance (**Specific & Relevant**) will be 95% (**Measurable & Attainable**) by October 31, 2020 (**Time Bound**).



Infection Prevention and Control Action Plan Template

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S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)

Hand Hygiene compliance will be 95% by October 31, 2020.

Choose Interventions to Eliminate the Root Causes

1. Choose actions that address each root cause
2. Will require creating a new process or making a change to a current process
3. Short term solutions rarely fix root causes
4. Clearly state what is to be done, by whom, and when

Strong Interventions

1. All staff will receive hand hygiene education on hire, quarterly, and as needed.
2. Hand hygiene stations will be placed outside of resident rooms.
3. Scheduled hand hygiene audits will be instituted for all staff.
4. Develop hand hygiene tracking tool to monitor, track/trend compliance.



Project Start Date	Specific Actions and Interventions * <i>HQIN IP Intervention Resources (optional)</i>	Projected Completion Date	Person/Team Responsible * <i>To include QAPI Committee</i>	Ongoing Monitoring and Surveillance
07/15/2020	Review Hand Hygiene Policy and update if needed.	07/15/2020	Administrator, DON, IP	Annually and as needed
07/30/2020	Develop tools to monitor, track/trend compliance	08/06/2020	Administrator, DON, IP	
08/07/2020	Establish facility baseline compliance.	08/14/2020	Administrator, DON, IP, QAPI Team	
07/30/2020	Install hand hygiene stations outside of resident rooms.	08/06/2020	Maintenance	
07/16/2020	Educate ALL staff on proper hand hygiene– how and when. Use multiple modalities (posters, video, live training) to increase attention and keep HH top of mind.	07/23/2020	Administrator, IP, DON, Staff Development, Department Managers	Provide training at orientation, quarterly and as needed based on audit compliance rates and infection control concerns

PDSA Worksheet

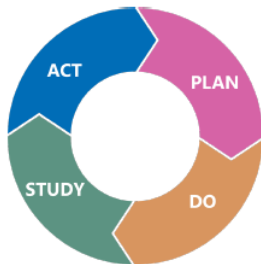
Achieving your goal will require multiple small tests of change to reach an efficient process and the desired results

3 Fundamental Questions for Improvement

1. What are we trying to accomplish (AIM)?

2. How will we know that a change is an improvement (MEASURE)?

3. What changes can we make that will lead to improvement (CHANGE)?



PLAN

What is your first (or next) test of change?

Test population?

Due Date

List the tasks needed to set up test of change:

Who is responsible

Due Date

Predict what will happen when test is carried out:

Measure to determine whether prediction succeeds:

Action Plan Categories

- Hand Hygiene
- Isolation Precautions
- Environmental Hygiene
- Vaccination/Immunization
- Antibiotic Stewardship
- Testing/Screening, Cohorting Residents
- Infection Control Surveillance
- Staff Infection Exposure Prevention
- Visitor Restriction Infection Prevention

Join HQIN to receive resources!

Simply email your state contact your intent to become an HQIN member:

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