

Did you know?

A core activity of the IPCP is to use the data-driven, systems approach of QAPI to record incidents identified by the IPCP and corrective actions taken by the facility.

Element 1: Design and Scope

Infection Prevention (IP) is a key component of system-wide quality assurance and performance improvement activities.

Like the QAPI program, an Infection Prevention and Control Program (IPCP) must be ongoing and comprehensive, dealing with the full range of services offered, including the full range of departments.

Evaluation of the effectiveness of the IPC program should be based on the facility assessment, Infection Prevention Plan, and QAPI Plan, **ALL should be reviewed and revised at least annually.** Scope and services depend on resident population, function, and specialized needs of the facility. Additionally, completion of a facility-based and community-based risk assessment, data gathering, and analysis should always drive the IPCP.

- Describe how IP is integrated into all care and service areas of your organization.
- Describe how IP plan will address clinical care, quality of life, and resident choice.
- Describe how IP will aim for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents.
- Describe how IP will utilize the best available evidence (e.g., data, national benchmarks, published best practices, clinical guidelines) to define and measure goals.

It is best to locate the most current risk assessment and IP plan that was created for your facility. If this is not possible, use these tools to evaluate the effectiveness of your IPCP:

[CDC Infection Prevention and Control Assessment Tool for Long-Term Care Facilities \(ICAR\)](#)

[CDC IPC Risk Assessment](#)

Simple Strategies for IPCP and QAPI Alignment - Design and Scope