**TOPIC AREA**

Antibiotic Stewardship  Infection Control Surveillance  Vaccination/Immunization

Environmental Hygiene  Staff Infection Exposure Prevention  Other

Hand Hygiene  Testing/Screening, Cohorting Residents

Isolation Precautions  Visitors Restriction Infection Prevention

**Conduct Root Cause Analyses for Each Identified Gap or Opportunity:**

* Determine contributing factors, events, system issues and processes involved
* Utilize RCA tools as appropriate (e.g., 5 Whys, Fishbone, Cause & Effect Diagram)
* Conduct a Plan-Do-Study-Act (PDSA) to test intervention, review results and adjust actions needed

**Identify Infection Prevention and Control Gaps & Areas of Opportunity:**

* [CDC Infection Control Assessment for Long-term Care Facilities](https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf)
* Review previous survey findings, federal and state regulations and CDC updates for long-term care facilities
* Check [CMS Quality Safety & Oversight memos](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

The sample RCA, actions, interventions, best practices and metrics illustrated here to address identified infection prevention areas of opportunity are solely intended as example guidance. Your team should perform an infection prevention gap analysis/risk assessment and build a customized action plan to best meet the needs of your specific organization and community.

|  |
| --- |
| **Area of Opportunity:** |
| Daily resident room and common area cleaning not comprehensive or adequate |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan):** |
| 1. Staff not aware of appropriate cleaning solutions and “contact times” |
| 1. Staff do not understand how to interpret Material Safety Data Sheets (MSDSs) |
| 1. After first week of orientation, no additional disinfectant product education provided and observation audits on all Environmental Services (EVS) shifts not performed regularly |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Achieve 95% compliance with resident room environmental cleaning by [SPECIFIC DATE] |

| **Project Start Date** | **Specific Actions and Interventions**  **\****HQIN IP Intervention Resources (optional)* | **Projected Completion Date** | **Person/Team Responsible**  \**To include QAPI Committee* | **Ongoing Monitoring and Surveillance** | **Additional Comments** |
| --- | --- | --- | --- | --- | --- |
|  | * Review environmental cleaning policies and procedures and update if needed |  | Administrator, DON, IP, EVS Manager |  | **Ensure policies and procedures are evidence-based (e.g., CDC, EPA, APIC guidelines)**   * [Environmental Infection Control Guidelines](https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html) * [Guidelines for Environmental Infection Control in Health-Care Facilities – updated 2018 (CDC/HICPAC)](https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf) * [List K: EPA’s Registered Antimicrobial Products Effective against Clostridium difficile Spores](https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium) * [Coronavirus (COVID-19)](https://www.epa.gov/coronavirus) (EPA) * [Options for Evaluating Environmental Cleaning (CDC)](https://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html) |
|  | * Develop tools to monitor and track/trend compliance |  | Administrator, DON, IP |  | * Notify a Health Quality Innovators (HQI) Quality Improvement Advisor (QIA) if auditing and monitoring tools are needed * [Simple Strategies – Environmental Cleaning and Infection Prevention (HQIN)](https://hqin.org/resource/simple-strategies-environmental-cleaning-and-infection-prevention/) |
|  | * Audit 100% of EVS staff and provide verbal and written feedback * Audit on all three shifts * Audit routine room cleaning, transmission-based precautions room cleaning and terminal room cleaning with special focus on resident bathrooms * Audit frequency of cleaning, not simply intensity of cleaning * Audit proper use of PPE as appropriate |  | IP, EVS Manager |  | * [Environmental Checklist for Monitoring Terminal Cleaning (CDC)](https://www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf) |
|  | * Audit EVS staff selection of product based on required cleaning by setting/situation |  | IP, EVS Manager |  |  |
|  | * If appropriate, create a product selection committee to ensure correct healthcare grade disinfectants are purchased and protocols for use are established uniformly |  | Administrator, QAPI Team, IP, EVS, Central Supply, DON |  |  |
|  | * Establish facility baseline compliance rates from audits |  | QAPI Team |  |  |
|  | * Ensure supplies needed for appropriate cleaning and disinfection are identifiable and available with instructions for use in English and other languages as appropriate |  | Administrator, IP, EVS Manager, Central Supply Manager |  |  |
|  | * Create facility-specific visual product selection and use uncomplicated reference guides * Make guides available in English and other languages as appropriate. |  | EVS Manager, IP | Update reference guides as new products are introduced or retired and when guidance changes |  |
|  | Educate EVS staff on:   * infection prevention and control principles * Product selection, use, contact time and special instructions * Routine room cleaning * Common area cleaning * Terminal room cleaning * Disinfecting reusable and shared equipment * Transmission-based precautions * Personal protective equipment (PPE) for EVS staff * Laundry special considerations * Water-borne contamination prevention and identification |  | Administrator, IP, DON, EVS Manager |  | * [Environmental Services STRIVE Program for Infection Prevention (APIC)](https://apic.org/Resources/Topic-specific-infection-prevention/Environmental-services/) * [Environmental Services and Infection Control Training and Education (CDC)](https://www.cdc.gov/infectioncontrol/training/evs-battle-infection.html) * [Targeted COVID-19 Training for](https://qsep.cms.gov/welcome.aspx) Nursing Homes [Note: This training requires logging in to the Quality, Safety & Education Portal (QSEP)] |
|  | * Train using multiple modalities including live demonstration, return demo and competency testing |  | IP, DON, EVS Manager, Staff Development | Competency testing required annually |  |
|  | * Establish uncomplicated communication system between nursing and EVS staff to ensure timely and specific required cleaning * Ensure communication system can be tracked and monitored to confirm nothing is missed and follow up is initiated when needed * Delineate clear responsibility for cleaning assignment to ensure all departments understand accountability |  | Administrator, IP, EVS Manager, DON |  |  |
|  | * Educate staff in all departments and EVS team on communication system and process * Revise as necessary |  | Administrator, IP, DON, EVS Manager, All Department Managers | Review at orientation, annually and as needed during an outbreak or pandemic |  |
|  | * Report findings and compliance at monthly/quarterly QAPI meeting |  | QAPI Team |  | * [QAPI At a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home](https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiataglance.pdf) |

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0015-06/29/21