**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.

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| **Area of Opportunity:** |
| Surveillance tracking and analysis is done inconsistently and facility is unable to recognize a pattern of outbreak timely |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan):** |
| 1. Infection preventionist has multiple roles within the facility and has decided to do surveillance (other than COVID-19) retrospectively at the end of the month instead of daily or weekly. There is no back-up person to the IP. |
| 1. The facility surveillance plan with associated procedures is incomplete and baseline data is missing. |
| 1. The facility is only tracking COVID-related data in NHSN; no other NHSN infection reporting is occurring. At times, staff experience difficulty logging into NHSN, entering data or seeing reports. |
| 1. Inconsistent surveillance by front-line staff as no standardized decision tool for each infection type is utilized by nursing to observe, report, monitor, request labs, etc. |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Demonstrate 100% compliance with infection control surveillance 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 infection control surveillance policy and procedures and update if needed |  | Administrator, DON, IP, Medical Director | Update surveillance P&Ps weekly during pandemic | **Ensure P&Ps are evidence-based and current (e.g,. local and state health department updates, CDC guidelines, NHSN definitions, APIC, SHEA).**   * [LTC Infecton Prevention Program/Policy Sample (SPICE)](https://spice.unc.edu/wp-content/uploads/2020/05/LTC-IC-program-policy-sample-5_20.doc) * [Health Department Resources for LTCFs (CDC)](https://www.cdc.gov/longtermcare/resources/index.html) * [Nursing Home Infection Preventionist Training Course: Module 4 – Infection Surveillance](https://www.train.org/cdctrain/course/1081802/) * [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) * [National Healthcare Safety Network (NHSN) Long-term Care Facility Component (LTCF) Training (CDC)](https://www.cdc.gov/nhsn/training/ltc/index.html) * [Tracking Infections in Long-term Care Facilities (LTCFs) Using NHSN (CDC)](https://www.cdc.gov/nhsn/pdfs/training/2017/Anttila1_March20.pdf) |
|  | * Develop tool to monitor, track/trend surveillance |  | Administrator, DON, IP |  | * [Long-term Care Catheter-associated UTI Infection Worksheet (SPICE)](https://spice.unc.edu/wp-content/uploads/2020/05/LTC-McGeer-UTI-with-catheter-Worksheet.docx) * [LTC Skin, Soft Tissue, and Mucosal Infection Worksheet (SPICE)](https://spice.unc.edu/wp-content/uploads/2020/05/Skin-Soft-Tissue-Mucosal-Infection-Worksheet-McGeer-SPICE.docx) * [LTC Respiratory Tract Infection Worksheet (SPICE)](https://spice.unc.edu/wp-content/uploads/2020/05/Respiratory-Tract-Infection-Worksheet-McGeer-SPICE.docx) * [LTC C. *difficile* Infection (CDI) Worksheet (SPICE)](https://spice.unc.edu/wp-content/uploads/2020/05/C.-difficile-Infection-Worksheet-NHSN-McGeer-SPICE.docx) * [LTC Gastrointestinal (GI) Tract Infection Worksheet (SPICE)](https://spice.unc.edu/wp-content/uploads/2020/05/All-GI-Infection-Worksheet-McGeer-SPICE.docx) * [Surveillance Case Studies and Workshops (SPICE)](https://spice.unc.edu/pt1handouts/) |
|  | * Audit surveillance data collection and analysis |  | DON, IP |  |
|  | * Determine baseline compliance rate |  | QAPI Team |  |
|  | * Develop system of surveillance with plan and data collection tools for process and outcome surveillance monitoring * Plan to include system to follow up on clinical information/lab tests when residents are transferred to hospitals with a suspected infection |  | DON, IP |  |
|  | * Establish system to ensure IP is notified when lab reports for CDI, coronavirus, new or unknown organisms and antibiotic organisms are reported by lab |  | DON, IP |  |  |
|  | * Develop plan to ensure continuity of timely surveillance monitoring, including NHSN reporting * Ensure facility conveys NHSN rights to required healthcare partners (e.g., health department, QIO) |  | DON, IP, Administrator |  | * [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) * [National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) Component Training (CDC)](https://www.cdc.gov/nhsn/training/ltc/index.html) * [National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) Component (CDC)](https://www.cdc.gov/nhsn/LTC/index.html) |
|  | * Develop detailed plan for outbreak response(24-7/365) including definition, procedures for containment and a list of pathogens or symptoms for which monitoring is performed * Ensure a contact list is included in the plan (local/state health department, facility leadership) |  | DON, IP, Medical Director |  | * [Nursing Home Infection Preventionist Training Course: Module 4 – Infection Surveillance](https://www.train.org/cdctrain/course/1081802/) |
|  | * Educate nursing staff on recognition and prompt reporting of signs/symptoms of potential infection and use decision tools to guide nurses in next steps |  | DON, IP, Staff Development |  | * [Targeted COVID-19 Training for](https://qsep.cms.gov/welcome.aspx) Nursing Homes [Note: This no-cost training requires logging in to the Quality, Safety & Education Portal (QSEP)] |
|  | * Establish mechanism to ensure on-coming staff each shift are aware of new and existing resident infection status |  | DON, IP |  |  |
|  | * Determine baseline rate for infections and review monthly changes and trends   *\*This is not the same as determining a baseline for compliance with surveillance activities* |  | IP, QAPI Team |  | * [Nursing Home Infection Preventionist Training Course: Module 4 – Infection Surveillance](https://www.train.org/cdctrain/course/1081802/) * [Infection Prevention Training for Nursing Homes and Assisted Living (CDC)](https://www.cdc.gov/longtermcare/training.html) |
|  | * 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) |

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