**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 as 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:** |
| Staff not consistently using personal protective equipment (PPE) correctly, including COVID19-specific doffing procedure |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan):** |
| 1. No process in place to check for CDC, CMS and health department guidance updates |
| 1. Staff educator not aware of updated process for donning and doffing PPE |
| 1. Confusion on doffing sequence and rationale: some staff state it’s easier to dispose of “everything contaminated” in the resident’s room and “Why would I walk into the hall with my mask and goggles on?” |
| 1. Confusion on need for PPE: “recovered” staff on two different shifts who had COVID-19 previously state that they no longer need to wear N-95 respirators because “I already had it.” |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Achieve 95% compliance with proper use of PPE 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 transmission-based precautions policies and procedures, including use of PPE and update if needed * Review Enhanced Barrier Precautions |  | Administrator, DON, IP | Check for updates weekly during pandemic | * [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (CDC](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)) * [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#core-practices) * [Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf) * [Healthcare-associated Infections: Protecting Healthcare Personnel (CDC)](https://www.cdc.gov/HAI/prevent/ppe.html) * [Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (CDC)](https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf) * [Frequently Asked Questions about Enhanced Barrier Precautions in Nursing Homes (CDC)](https://www.cdc.gov/hai/containment/faqs.html) * [Enhanced Barrier Precautions Flyer (CDC)](https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf) * [Contact Precautions Flyer (CDC)](https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf) * [Droplet Precautions Flyer (CDC)](https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf) * [Airborne Precautions Flyer (CDC)](https://www.cdc.gov/infectioncontrol/pdf/airborne-precautions-sign-P.pdf) * [Contact Precautions Flyer (SPICE)](https://spice.unc.edu/wp-content/uploads/2016/12/ContactPrecautionsEntericfinal.pdf) * [Sequence for Donning Personal Protective Equipment (CDC)](https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf) |
|  | * Develop tool to monitor and track/trend compliance |  | DON, IP |  | * [COVID-19 PPE Donning and Doffing Audit](https://hqin.org/wp-content/uploads/2020/08/COVID-19-PPE-Donning-Doffing-Audit.docx) * [Personal Protective Equipment Competency Validation (SPICE)](https://hqin.org/?s=SPICE) |
|  | * Check CDC, CMS and health department memos and websites for updates |  | IP | Weekly |  |
|  | * Train staff educator on updated donning and doffing process |  | IP |  |  |
|  | * Audit all staff exposed to residents on transmission-based precautions |  | DON, IP, Department Managers |  |  |
|  | * Audit weekly NHSN reporting including, PPE supplies data |  | IP |  | * [COVID-19 NHSN Reporting Requirements for Nursing Homes (CMS)](https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/cms-covid19-req-508.pdf) * [LTCF COVID-19 Module (NHSN)](https://www.cdc.gov/nhsn/ltc/covid19/index.html) |
|  | * Determine baseline compliance rates |  | QAPI Team |  |  |
|  | * Complete “live” PPE selection, donning and doffing training with competency testing that includes return demo for all direct resident care staff |  | DON, IP, Staff Development | In orientation, annually, during outbreaks, during pandemic and as-needed refresher training | * [Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf) |
|  | * Educate direct care staff providing care in COVID-19 or other airborne organism-dedicated areas (e.g., mycobacterium TB) on N-95 mask use * Conduct fit tests prior to staff wearing N-95s (respirator), annually and as needed for change in respirator manufacturer/model or whenever the seal may be affected by the wearer * Train staff to perform respirator “seal check” prior to each use |  | IP, DON |  | * [Strategies for Optimizing the Supply of N95 Respirators (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html) * [COVID-19 Emergency Temporary Standard (OSHA)](https://www.osha.gov/coronavirus/ets) |
|  | * Place posters throughout building showing proper PPE donning and doffing in multiple languages as appropriate * Provide on-demand video training availability for all staff |  | IP, Staff Development |  | * [Using Personal Protective Equipment (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html) (Note: Downloadable posters are available in multiple languages) * [Demonstration of Donning (Putting On) Personal Protective Equipment Video (CDC)](https://www.youtube.com/watch?v=H4jQUBAlBrI) * [Demonstration of Doffing (Taking Off) Personal Protective Equipment Video (CDC)](https://www.youtube.com/watch?v=PQxOc13DxvQ) |
|  | * Educate all staff on the importance of wearing PPE whenever providing direct resident care (including post “recovery”) |  | IP, Staff Development |  | * [Clinical Questions about COVID-19: Questions and Answers (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.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)] |
|  | * Conduct unannounced PPE simulation drills on all shifts * Use positive coaching and reinforcement techniques |  | DON, IP, Department Managers | Monthly, then determine frequency based on rate of improvement |  |
|  | * Give feedback and on-the-spot education if individual PPE usage does not follow guidelines * Encourage accountability, questions and a culture of safety that is not punitive |  | Administrator, DON, IP, Department Managers | Immediate intervention when PPE adherence not met | * [COVID-19: Team and Human Factors to Improve Safety (AHRQ)](https://psnet.ahrq.gov/primer/covid-19-team-and-human-factors-improve-safety) * [TeamSTEPPS® in LTC: Communication Strategies to Promote Quality and Safety (QIO Program)](https://qioprogram.org/teamstepps%C2%AE-ltc-communication-strategies-promote-quality-and-safety) |
|  | * Ensure adequate supply and access to PPE |  | Administrator, DON, IP, Central Supply | Daily monitoring; weekly reporting in NHSN |  |
|  | * 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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