**TOPIC AREA**

[ ]  Antibiotic Stewardship [ ]  Infection Control Surveillance [ ]  Vaccination/Immunization

[ ]  Environmental Hygiene [ ]  Staff Infection Exposure Prevention [ ]  Other

[ ]  Hand Hygiene [x]  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 (QSO) 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:**  |
| Not all newly-admitted residents are properly screened, appropriately tested and cohorted upon arrival to nursing home.  |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan):** |
| 1. No system in place to ensure communication between the hospital and nursing home and completion of transfer form prior to resident admitting to the facility
 |
| 1. Guidelines for testing/cohorting in nursing home setting change frequently and sometimes require clarification that takes days and occurs after residents have been admitted
 |
| 1. No system in place to monitor new admissions with negative infectious disease for new onset symptoms in the first week
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|  |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Screen 100% of newly-admitted residents for infectious disease at intake, tested (if appropriate) and properly cohorted to prevent the spread of infection 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 testing, screening and cohorting residents policies and procedures and update as needed
 |  | Administrator, DON, IP | Check for updates monthly (daily/weekly during pandemic) | **Ensure P&Ps are evidence-based and current (e.g., follow state and local health departments, CDC guidelines, CMS QSO memoranda).*** [CMS Memo on Testing for COVID-19 (QSO-20-38-NH REVISED 09/10/21)](https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf)
* [CMS Memo on Requirements for Notification of Confirmed and Suspected COVID-19 Cases (QSO-20-29-NH)](https://www.cms.gov/files/document/qso-20-29-nh.pdf)
* [COVID-19 Testing Guideline for Nursing Homes](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html) (CDC)
* [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)
* [Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives (CDC)](https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf)
* [Nursing Homes and Long-Term Care Facilities SARS CoV-2 Testing Guidance and Infection Control Guidance (](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html)CDC)
* [Guidance for Infection Control and Prevention of Coronavirus Disease (CMS](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised))
* [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (CDC)](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)
 |
|  | * Update facility surveillance plan to include screening and testing specifics if needed
 |  | Administrator, IP, DON | Update surveillance plan annually (weekly during pandemic) | * [Nursing Home Infection Preventionist Training Course (CDC, CMS)](https://www.train.org/cdctrain/training_plan/3814)
* [Testing Guidelines for Residents and HCP, CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-homes-testing.html#anchor_1631031062858)
 |
|  | * Develop tools to monitor, track/trend compliance
 |  | Administrator, DON, IP |  | * Notify a Health Quality Innovators (HQI) Quality Improvement Advisor (QIA) if auditing and monitoring tools are needed
 |
|  | * Audit compliance for screening for infection at intake (prior to entry in facility)
 |  | DON, IP, Admissions |  | * [Observational Audits (ahrq.gov)](https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/observational-audits.pdf)
* [Nursing Home Intervention Data: Process Measure Audit Tracking Tool (HQIN)](https://hqin.org/wp-content/uploads/2020/08/HQIN-GENERIC-Audit-Tracking-Tool.xlsx)
 |
|  | * Audit compliance with screening residents for symptoms
 |  | DON, IP |  |
|  | * Audit compliance for testing residents
 |  | DON, IP | Update audit tool as testing requirements change |
|  | * Audit compliance for cohorting residents based on facility’s planned configuration to prevent infection spread (available separate units, private rooms vs. semi-private, separate floors)
 |  | DON, IP, Admissions |  |
|  | * Audit compliance for mandated NHSN and /or public health reporting of screening and testing status/results
 |  | DON, IP |  |
|  | * Determine baseline compliance rates for screening, testing and cohorting residents
 |  | QAPI Team |  |
|  | * Ensure appropriate room placement of residents, especially those requiring transmission-based precautions and use evidence-based guidelines for decision-making
* Discuss contingency plans for scenarios in which rooms may become scarce or dedicated units reach capacity
* Ensure staff know protocol and contacts for escalation of events
 |  | Admissions, IP, DON, Administrator with prompt and clear EVS notification |  | * [Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes](https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf) (CMS)
* [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (CDC)](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)
 |
|  | * Train staff to properly assess newly admitted residents and existing residents for infections and how to manage 24/7 based on findings
 |  | DON, IP, Staff Development  |  | * Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (CDC)
* [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)]
 |
|  | * Train staff to order and administer point-of-care (POC) tests as available and permitted by federal and state guidelines
 |  | DON, IP, Staff Development, Health Department  | Check updates for testing daily during pandemic (CMS QSO memos, CDC updates and state and local health department communications) | * [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)
* [Testing Guidelines for Nursing Homes: Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html)
 |
|  | * Facility and hospital to meet to develop process to communicate and ensure completion of transfer forms
 |  | Administrator, DON |  |  |
|  | * New admissions will be monitored and assessed per CDC guidelines
 |  | IP |  |  |
|  | * 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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