**TOPIC AREA**

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

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

[ ]  Hand Hygiene [ ]  Testing/Screening, Cohorting Residents

[ ]  Isolation Precautions [x]  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:**  |
| Visitor restriction and screening requirements not being met consistently |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan):** |
| 1. Visitors able to access building via restricted employee entrance during late evening and night shift
 |
| 1. Repeat “essential” visitors/vendors (e.g., diagnostics, food delivery, IT repair, consultants) refuse to be “re-screened” daily and are permitted to enter building after routine business hours
 |
| 1. Signage is posted conspicuously, but font is small and sign does not contain phone # contacts within the building for questions; posted signs are in English only
 |
| 1. Lobby/entrance-assigned screening personnel state confusion over changing protocols and restrictions
 |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Demonstrate 100% compliance with visitors restriction infection prevention 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 visitors restriction infection prevention policies and procedures and update as needed
 |  | Administrator, DON, IP | Check local, state and federal guidance to ensure P&Ps are current and accurate (weekly during pandemic)  | **Check guidelines weekly during COVID-19 pandemic due to rapid changes in recommendations based on situation and geographic location*** [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)
* [COVID-19 Nursing Home Visitation Guidance Memo (CMS)](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf)
* [Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes (CMS)](https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf)
 |
|  | * Develop tools to monitor and track/trend compliance
 |  | Administrator, DON, IP |  | * [COVID-19 Screening Checklists in English and Spanish (AHCA, NCAL)](https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/COVID19-Screening-Checklist.zip)
 |
|  | * Audit compliance with visitor screening and entry restriction
 |  | Administrator, DON, IP | Determine audit schedule to monitor interventions/improvement |
|  | * Determine baseline compliance rates for visitor screening and entry restriction
 |  | Administrator, DON, IP |  |
|  | * Ensure ALL entry points are monitored on all shifts to prevent unchecked entry
 |  | Administrator, Security, EVS | Create shift log reviewed by Administration daily |
|  | * Review and update signage used restricting visitors from entering building
* Add contact information, improve visibility
* Add messaging in alternate languages, if relevant
 |  | Administrator, DON, Security |  | * [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)
* [Masking (Still) Matters! (HQIN)](https://hqin.org/wp-content/uploads/2021/04/Masking-Still-Matters-508.pdf)
 |
|  | * Send letters/emails to families reiterating clear instructions as restrictions change
 |  | Administrator, IP | Weekly check of local, state and federal guidance | * [Sample COVID-19 Safety Letter](https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf) (CDC)
* [Patient Notification Toolkit](https://www.cdc.gov/injectionsafety/pntoolkit/section1.html) (CDC)
 |
|  | * Promote alternatives to physical visitation when appropriate
 |  |  |  | * [Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit (CMS)](https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf)
 |
|  | * Train entry monitoring personnel on talking points and consistent education/direction given to each visitor related to infection prevention (HH, PPE required, screening)
* Document action taken for each visitor and info for potential contact tracing
* Empower monitoring personnel to screen and/or restrict EVERY visitor, including vendors
 |  | Administrator, IP, DON, Department heads | Train additional back-up personnel in case of staff turnover or illness | * [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)
* [How to be a good visitor at a nursing home (APIC](https://apic.org/monthly_alerts/how-to-be-a-good-visitor-at-a-nursing-home/))
* [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)]
 |
|  | * Ensure adequate supply of PPE & HH station available at entrance
 |  | Administrator, EVS, Central Supply | Weekly review by IP with report to AdministratorNHSN supplies and PPE data submission | * [COVID-19 NHSN Reporting Requirements for Nursing Homes (CDC)](https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/cms-covid19-req-508.pdf)
* [Personal Protective Equipment (PPE) Burn Rate Calculator (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)
 |
|  | * Report findings and compliance at monthly/quarterly QAPI meeting
 |  | IP, QAPI Team | Maintain as standing QAPI committee agenda item while restrictions continue | * [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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