**Topic Area: SAFE LINEN/LAUNDRY MANAGEMENT**

*Visit the* [*HQIN Resource Center*](https://hqin.org/resource/action-plan-templates/) *to access additional action plan templates on topics including infection control, vaccination and hand hygiene.*

**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 Worksheet](https://hqin.org/resource/five-whys-worksheet/), [QAPI Fishbone Diagram](https://hqin.org/resource/qapi-fishbone-diagram/), Cause & Effect Diagram)
* Conduct a [Plan-Do-Study-Act (PDSA)](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2021%2F03%2FPDSA-Worksheet-508.pdf&data=05%7C01%7Clfinch%40hqi.solutions%7C62686d1b484f4cbb5aee08dbf123fc86%7Cd2798d0f9fe24eacbdf166c9890342c9%7C0%7C0%7C638368909098562408%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=9PuwxE9Onb6eeea7k3%2F1l1pedMpNVeGv7F04o%2F7XkTM%3D&reserved=0) to test intervention, review results and adjust actions needed

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

* [CDC’s Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings](https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html)
* 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.

**1**

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| --- |
| **Area of Opportunity**  |
| Not all staff are demonstrating best practices for linen handling and laundry management |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan)** |
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| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Achieve [XX]% compliance with proper linen handling and laundry procedures by [SPECIFIC DATE] |

**2**

| **Project Start/Completion Date** | **Specific Actions & Interventions** | **Person/Team Responsible***\*Include QAPI Committee* | **Ongoing Monitoring & Surveillance** | **Resources & Additional Comments** |
| --- | --- | --- | --- | --- |
|  | * Review policies and procedures for linen handling and laundry management and update as needed

**3** | Administrator, Director of Nursing, Infection Preventionist | Update annually or more frequently as needed | **Ensure P&Ps are evidence-based and current (e.g., follow CDC/OSHA Guidelines)*** [CDC Appendix D-Linen and Laundry Management (Best Practices for Environmental Cleaning in Healthcare Facilities)](https://www.cdc.gov/hai/prevent/resource-limited/laundry.html)
* [Bloodborne Pathogens Standard Fact Sheet | OSHA](https://www.osha.gov/sites/default/files/publications/bbfact01.pdf)
* [Healthcare Laundry Accreditation Council](https://www.hlacnet.org/) (if linens are outsourced to a contracted vendor)
* [CMS Critical Element Pathway-Environmental Observations (5/2017](https://mcusercontent.com/bcb2517ddbb0d4ba3a6ead088/files/e4b6a2a1-054c-0e10-f8b2-0280b236df80/Environmental_Observations.pdf))
* [CMS Critical Element Pathway-Infection Prevention, Control and Immunizations (1/2022](https://mcusercontent.com/bcb2517ddbb0d4ba3a6ead088/files/b035a048-e9a3-d85b-313f-36d519e04e94/Infection_Prevention_Control_and_Immunization_January_2022.pdf))
 |
|  | * Update facility surveillance plan to include safe linen handling/laundry management if needed

**4** | Administrator, Director of Nursing, Infection Preventionist | Update surveillance plan annually or more frequently as neededInclude in facility’s risk assessment, annually or more frequently as needed |  |
|  | * Develop tools to monitor, track/trend compliance
 | Administrator, Director of Nursing, Infection Preventionist |  | * Notify a Health Quality Innovators (HQI) Quality Improvement Advisor (QIA) if auditing and monitoring tools are needed
 |
| **4** | * Audit compliance for safe linen handling on nursing units
 | Director of Nursing, Infection Preventionist, Admissions |  | * [Observational Audits | AHRQ](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)
* [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)]
 |
| **5** | * Audit compliance for safe linen handling and laundry management in laundry areas
 | Director of Nursing, Infection Preventionist, Housekeeping Supervisor |  |
|  | * Determine baseline compliance rates for safe linen handling and laundry management

**5** | Director of Nursing, Infection Preventionist, Housekeeping Supervisor |  |
|  | * Provide and document education on best practices for safe linen and laundry handling
 | Administrator, Director of Nursing, Infection Preventionist, Housekeeping Supervisor |  |  |
|  | * Provide and document education on best practices for personal protective equipment (PPE) for laundry staff
 | Administrator, Director of Nursing, Infection Preventionist, Housekeeping Supervisor | **5** |  |
|  | * Audit nursing units and laundry areas for compliance for 8 weeks, or until goal is sustained for 6 weeks
* Report weekly data to HQI
 | Administrator, Director of Nursing, Infection Preventionist, Housekeeping Supervisor | Weekly |  |
|  | * 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)
 |
|  | * Download and distribute recommended resources from the [Health Quality Innovation Network Resource Center](https://hqin.org/resources/) (Copy and paste resource titles in the search bar at the top right side of the page)
 |  |  | * [Vaccine Hesitancy/Misinformation Resources](https://hqin.org/resource/vaccine-hesitancy-misinformation-resources/)
* [Your Health Can't Wait, Vaccinate! Resources](https://hqin.org/resource/your-health-cant-wait-vaccinate-resources/)
* [Bulletin Board Bundles](https://hqin.org/resource/bulletin-board-bundles/)
* [Safe Linen and Laundry Management Audit Tool](https://hqin.org/resource/safe-linen-and-laundry-management-audit-tool/)
* [Survey Readiness Toolkit: Laundry Handling](https://hqin.org/wp-content/uploads/2023/09/Laundry-Handling.pdf)
* [Survey Readiness Toolkit: Laundry Handling Checklist](https://hqin.org/wp-content/uploads/2023/09/Laundry-Handling-Checklist.pdf)
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**8**

**6**

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 material 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-0771-04/18/24