**TOPIC AREA**

Antibiotic Stewardship  Infection Control Surveillance  Vaccination/Immunization

Environmental Hygiene  Staff Exposure Prevention  COVID-19 Staff Vaccination

Hand Hygiene  Testing/Screening, Cohorting Residents  COVID-19 Resident Vaccination

Isolation Precautions  Visitors Restriction Infection Prevention  COVID-19 Resident Boosters

Sepsis

**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 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:** |
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| **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)** |
| Demonstrate 95% compliance with employee safety precautions to include masking, social distancing and utilizing workplace engineering controls 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 staff infection exposure prevention policies and procedures and update if needed * Review policy on wearing of respirator (N95 or higher) when airborne transmissible disease is suspected or confirmed and update if needed. |  | Administrator, Director of Nursing, Infection Preventionist |  | **Ensure P&Ps are evidence-based, current and follow OSHA, CDC, federal, state and local guidelines**   * [Infection Control in Healthcare Personnel (CDC)](https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html) * [COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers (OSHA)](https://www.osha.gov/sites/default/files/publications/OSHA4025.pdf) * [COVID-19 Control and Prevention for Healthcare Workers](https://www.osha.gov/SLTC/covid-19/healthcare-workers.html) (OSHA) * [Healthcare - Infectious Diseases (OSHA)](https://www.osha.gov/healthcare/infectious-diseases) |
|  | * Develop tools to monitor, track/trend compliance |  | Administrator, Director of Nursing, Infection Preventionist | Audit staff from all departments and shifts and share data with your Health Quality Innovators contact | * [Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes (AHRQ)](https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html) * [Personal Protective Equipment (PPE) Tracking Tool and User Guide (AHRQ)](https://www.ahrq.gov/nursing-home/resources/ppe-tracking-tool.html) * [Infection Prevention and Control Assessment Tool for Long-term Care Facilities (CDC)](https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf) * [Hand Hygiene Competency Tracking Tool (HQIN)](https://hqisolutions.sharepoint.com/sites/HQIN/Shared%20Documents/General/Resources%20&%20Interventions/Nursing%20Home/Infection%20Prevention/Action%20Plans/•%09https:/hqin.org/resource/hand-hygiene-competency-tracking-tool/) * [Hand Hygiene Competency Validation – SPICE Tool (HQIN)](https://hqin.org/resource/hand-hygiene-competency-validation-spice-tool/) |
|  | * Audit 95% of staff for proper masking, faceshield/goggle usage and social distancing to establish facility baseline compliance |  | Administrator, Director of Nursing, Infection Preventionist, Department Managers |  |
|  | * Evaluate workplace engineering controls to reduce exposures |  | Administrator, Infection Preventionist, Maintenance |  | * [Controlling Exposure to Occupational Hazards (NIOSH, CDC)](https://www.cdc.gov/niosh/topics/hierarchy/default.html) * [Standard Precautions: Observation of Personal Protective Equipment Provision (CDC)](https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Standard-Precautions-PPE-Provision-P.pdf) * [Standard Precautions: Observation of Hand Hygiene Provision of Supplies (CDC)](https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Standard-Precautions-Hand-Hygiene-Supplies-P.pdf) |
|  | * Educate ALL staff on the importance of proper masking, usage of faceshield/goggles and social distancing to prevent the spread of pathogens * Educate staff on infection prevention and control measures that can be taken to prevent illness at home * Post OSHA alerts in staff areas for easy reading access * Post the [“Don't Touch Your Face” poster](https://hqin.org/resource/dont-touch-your-face-poster/) |  | Administrator, Director of Nursing, Infection Preventionist, Staff Development, Department Managers |  | * [Sequence for Donning Personal Protective Equipment (PPE) (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Appendix-5-proper-use-of-PPE.pdf) * [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)] |
|  | * Create an exposure control plan |  |  |  | * [Managing Healthcare Operations During COVID-19 (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html) * [COVID-19 Exposure in Healthcare Settings (CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/exposure-in-healthcare.html)) * [Management of Potentially Infectious Exposures and Illnesses (CDC)](https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/exposures.html) |
|  | * Review action plan and report findings and compliance at monthly/quarterly QAPI meeting | Next QAPI meeting and ongoing | 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) * [Observation of Visitor Area (CDC)](https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Visitor-Area-Observation-P.pdf) |
|  | * Conduct monitoring to assess effectiveness of strategies, re-educate as needed |  |  |  |

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