

The Long-Term Care Infection Preventionist's Survival Guide

Setting Up a Successful Infection Control Program



Getting Started

- Locate and review scope of responsibilities document/[job description](#)
- Locate and review the facility's infection prevention [policies](#)
- Establish a [point of contact](#) list:
 - ✓ Local health department
 - ✓ Corporate contacts
 - ✓ Reporting systems and EHR help desk support
 - ✓ Vaccine supplier (pharmacy)
 - ✓ State health department
 - ✓ Local hospital contacts
 - ✓ Who is reporting in [NHSN](#) (establish account if needed)
 - ✓ Lab contact
- Familiarize yourself with the [EHR and lab reporting](#) system
- Determine [after-hours expectations](#) for infection control issues or potential outbreaks



Tools of the Trade

- Locate the [infection tracking tool](#) or develop an infection tracking tool
- Locate the [vaccination tracking tool](#) or develop a vaccination tracking tool
- Locate [rapid flu, antigen COVID tests](#), etc. and determine the process for PCR testing
- Determine the result process for [send-out testing](#)
- Review the [vaccine storage](#) process and policy
- Ensure an [antibiotic stewardship program](#) is in place



Isolation, PPE and Supplies

- Review [isolation protocols](#), including the process to establish an isolation room
- Locate and inventory the [isolation carts and PPE](#) supplies
- Identify the [system for ordering and tracking](#) PPE supplies
- Locate [additional supplies](#) and ensure you have access to all supplies
- Review isolation and infection prevention and control [signage](#)

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Setting Up a Successful Infection Control Program



Staff Infection Control

- Introduce yourself to the team and plan to meet staff from all shifts
- Schedule a meeting with the [staff development coordinator](#)
- Review the current [training program](#) and frequency of competency checks
- Develop a staff IP skill [audit and observation schedule](#) (additional to annual training)
- Review employee [respirator fit testing](#) needs



Infection Prevention and Control

- Identify if there is a [notification system](#) when a new infection is identified or an antibiotic is ordered
- Identify residents at [high risk for infection](#)
- Review resident [vaccination history](#)
- Conduct chart reviews of residents on [antibiotics](#)
- Familiarize yourself with [sepsis](#) and its risks
- Stay current with [enhanced barrier precautions](#) guidance and incorporate principles into the program
- Meet and review [infection policies/processes](#) with the medical director
- Conduct an initial [ICAR](#) to establish a baseline and implement an [action plan](#) for findings that do not meet IPC expectations



Surveillance

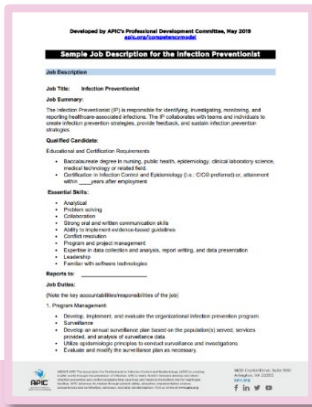
- Identify the process for [contacting providers](#) for IPC concerns
- Contact the [local health department](#) and introduce yourself to the infection preventionist and epidemiologist; obtain list of reportable diseases
- Review system for [collaboration with MDS coordinator](#) for accurate documentation and coding of vaccinations
- Meet with the admission coordinator to discuss obtaining [vaccination information](#) prior to/upon admission
- Participate in [QAPI](#) and add meetings on your calendar
- Communicate findings with the [leadership team](#)
- Monitor [community transmission](#) levels
- Locate the facility [emergency preparedness plan](#) and review identified risks



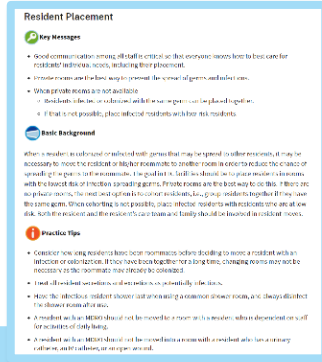
[Additional Resources](#)



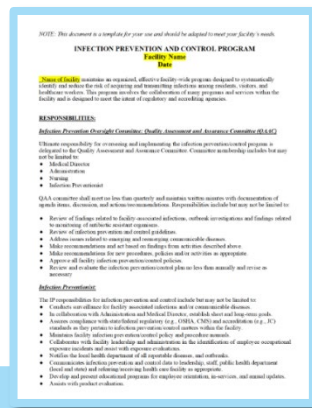
Resources: Getting Started



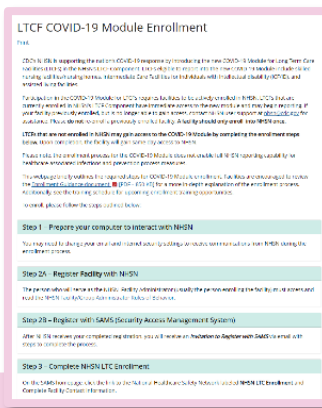
Sample Job Description for the Infection Preventionist



Infection Prevention Policies



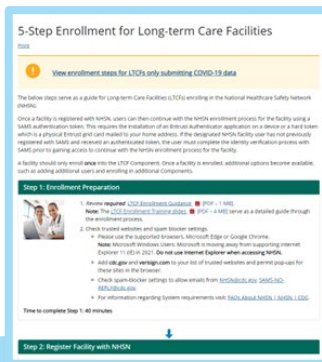
Infection Prevention and Control Program



LTCF COVID-19 Module Enrollment



Point of Contact List



5-Step Enrollment for Long-term Care Facilities



Resources: Getting Started

Questions to Consider: EHR and Lab Reporting

- Do the labs results flow directly into the EHR?
- Will the lab notify the facility of abnormal results or the ordering provider?
- How are we notified when lab results are in the residents' charts?
- Where can I find the results in the residents' records?
- Does the electronic health record show trends and compare past results?
- Do I have access to the records?


Questions to Consider: After Hours

Expectations for IC Issues or Outbreaks

- How will you be notified if there is an IC Issue or outbreak identified?
- Will you be expected to report to the facility or can you provide direction over the phone?
- Who should have my contact information?
- Can I access records outside the facility?



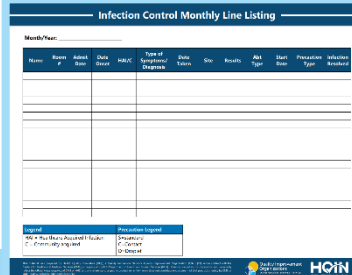
Resources: Tools of the Trade

National Center for Emerging and Zoonotic Infectious Diseases 

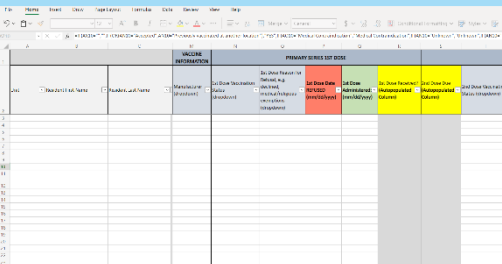
Tracking Infections in Long-term Care Facilities (LTCFs) Using NHSN

Angela Anttila, PhD, MSN, NP-C, CIC
Nurse Epidemiologist
March 20, 2017

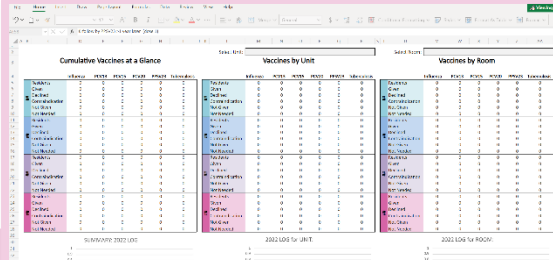
Tracking Infections in LTCFs Using NHSN



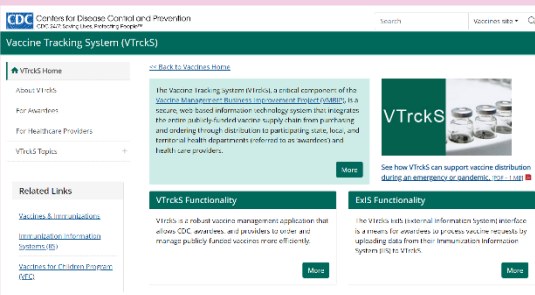
Infection Control Monthly Line Listing



COVID-19 Vaccination & Booster Tracking Tool



Vaccination Tracking Tool



Vaccine Tracking System (VTrckS)



The Infection Preventionist's Guide to the Lab



Resources: Tools of the Trade

The screenshot shows the CDC Vaccine Storage and Handling Toolkit page. It features a navigation menu on the left with categories like 'Vaccine Storage & Handling', 'Vaccine Administration', and 'Patient Education'. The main content area is titled 'Vaccine Storage and Handling Toolkit' and includes a warning icon and text about COVID-19 interventions and vaccine storage requirements.

Vaccine Storage and Handling Toolkit

The screenshot shows the HOIN Vaccine Administration Toolkit page. It features a navigation menu on the left with categories like 'Resources', 'Vaccine Administration Toolkit', and 'Patient Education'. The main content area is titled 'Vaccine Administration Toolkit' and includes a list of links for 'PRIMARY COVID-19 VACCINATION ADMINISTRATION AGREEMENT', 'DECLARATION OF COVID-19 VACCINATION FORM', 'COVID-19 VACCINE CONSENT FORM', 'CURRENT PATHWAYS FOR VACCINE ACCESS IN SKILLED NURSING FACILITIES', and 'VACCINE ADMINISTRATION TOOLKIT'.

Vaccine Administration Toolkit

The screenshot shows the AHRQ Nursing Home Antimicrobial Stewardship Guide page. It features a navigation menu on the left with categories like 'Nursing Home Antimicrobial Stewardship Guide'. The main content area is titled 'Nursing Home Antimicrobial Stewardship Guide' and includes a large image of hands holding pills.

Nursing Home Antimicrobial Stewardship Guide

The screenshot shows the Clinical Infectious Diseases article page. It features a navigation menu on the left with categories like 'Issues', 'More Content', 'Publish', 'Purchase', 'Advertise', and 'About'. The main content area is titled 'Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America' and includes the authors' names and a list of article contents.

Implementing an Antibiotic Stewardship Program Guidelines

The screenshot shows the Toolkit To Improve Antibiotic Use in Long-Term Care page. It features a navigation menu on the left with categories like 'Toolkit To Improve Antibiotic Use in Long-Term Care'. The main content area is titled 'Toolkit To Improve Antibiotic Use in Long-Term Care' and includes a diagram showing the relationship between 'Current antibiotic prescribing' and 'Improve antibiotic prescribing'.

Toolkit To Improve Antibiotic Use in Long-Term Care

The screenshot shows the CDC Core Elements of Antibiotic Stewardship page. It features a navigation menu on the left with categories like 'Antibiotic Use', 'Patient Resources and Education', 'Healthcare Professional Resources and Training', 'Improving Antibiotic Use', 'Core Elements of Antibiotic Stewardship', 'Hospital', 'Outpatient', 'Nursing Home', 'Residential Care Settings', and 'U.S. Antibiotic Resistance Threats'. The main content area is titled 'Core Elements of Antibiotic Stewardship' and includes a list of core elements for different settings.

Core Elements of Antibiotic Stewardship



Questions to Consider: Rapid Flu and Antigen COVID Tests

- Where are the test kits stored?
- Are we CLIA certified?
- How are expiration dates monitored?
- How are test results documented in the resident's chart?
- Who orders the test kits?
- Are there standing orders for flu and COVID testing?
- What is the protocol for testing?

Questions to Consider: Send Out Testing

- What lab do we use?
- What forms are needed and who fills them out?
- Do we order labs through the EHR?
- Who obtains the specimens and how are they transported to the lab?
- What is the process for nurses to notify IP regarding any infections, antibiotics, etc.?



Resources: Isolation, PPE and Supplies

Isolation Precautions

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Categorization Scheme for Recommendations

Category	Explanation
Category A	Strongly recommended for single-patient and single-room use by the knowledge of healthcare workers, or by signage, door signs, etc.
Category B	Knowledge is not needed for single-patient use, but supported by some empirical or observational data and/or strong theoretical rationale.
Category C	Requires further investigation, as evidenced by inconclusive data, equivocal or otherwise.
Category D	Subjected to further investigation and supported by

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Authors: Ellen R. Siegel, MPH, Emily Burdette, PhD, CDC; Kenneth Archer, PhD, CDC; Charles, BA, MD, the Healthcare Infection Control Practices Advisory Committee

Isolation Precautions

Guideline for Isolation Precautions

III. Precautions to Prevent Transmission of Infectious Agents

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

There are two types of CDC/ACIP precautions to prevent transmission of infectious agents: Standard Precautions and Transmission-Based Precautions. Transmission-Based Precautions are the goal to be used for all cases of all infections caused by a susceptible organism, regardless of whether an agent is transmitted by direct contact, indirect contact, airborne, or droplet spread. Transmission-Based Precautions are used in addition to Standard Precautions. Transmission-Based Precautions are categorized into Contact Precautions and Airborne Precautions. Contact Precautions are used for patients with known or suspected infections that require additional precautions to prevent transmission. Airborne Precautions are used for patients with known or suspected infections that require additional precautions to prevent transmission.

II. Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

I.A. Healthcare System Components that Influence the Effectiveness of Precautions to Prevent Transmission

I.A.1. Antimicrobial Resistance

Healthcare organizations can use a number of strategies to prevent the acquisition of infectious agents by and spreading infection control to the objectives of the organization's patient and occupational safety programs. An infection control program, supported and reinforced by the national Transmission-Based Precautions (TBP) and isolation guidelines at the organization, is essential to the success of the program. The success of the program is dependent on the organization's ability to implement and sustain the program. The program should include the following components: Transmission-Based Precautions and appropriate use of antimicrobial agents. The program should also include the following components: Transmission-Based Precautions and appropriate use of antimicrobial agents. The program should also include the following components: Transmission-Based Precautions and appropriate use of antimicrobial agents.

Precautions to Prevent Transmission of Infectious Agents

Fundamental Elements to Prevent Transmission of Infectious Agents

Transmission-Based Precautions

Transmission-Based Precautions are the second set of basic infection control and are to be used in addition to Standard Precautions. Transmission-Based Precautions are used for patients with known or suspected infections that require additional precautions to prevent transmission. Transmission-Based Precautions are categorized into Contact Precautions and Airborne Precautions. Contact Precautions are used for patients with known or suspected infections that require additional precautions to prevent transmission. Airborne Precautions are used for patients with known or suspected infections that require additional precautions to prevent transmission.

The Infection Preventionist's Guide to the Lab

Edited by Aimee Brown

Forward to Forward diagnostics, surveillance, and disease trend analysis are increasingly critical parts of a comprehensive infection prevention program. The laboratory, infection prevention and control professionals need to understand the lab's role in the patient care team, support its proper patient outcomes. To facilitate this, APIC partnered with The American Society for Microbiology (ASM) to create this guide.

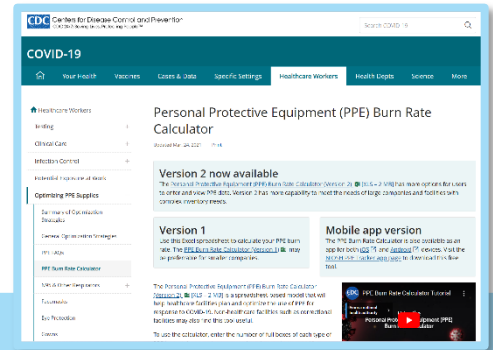
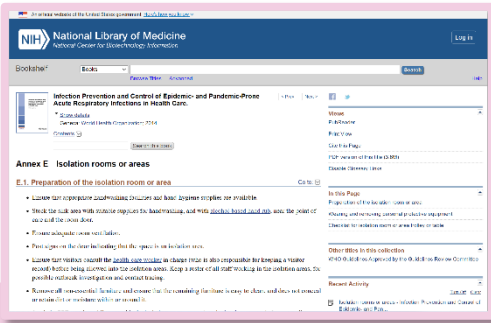
See Full PDF | Download PDF

Transmission-Based Precautions

Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs



Resources: Isolation, PPE and Supplies



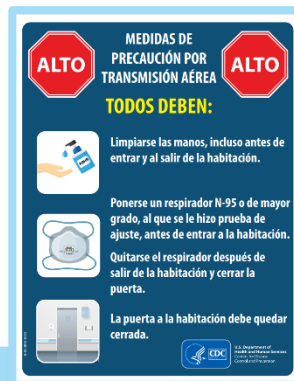
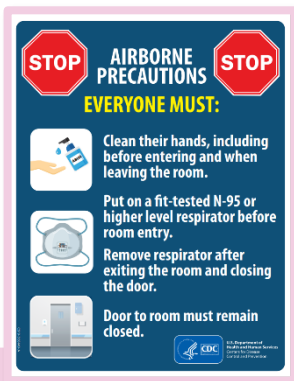
Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections

PPE Burn Rate Calculator



Contact Precautions Sign (English)

Contact Precauciones Sign (Spanish)



Airborne Precautions Sign (English)

Airborne Precauciones Sign (Spanish)



Resources: Isolation, PPE and Supplies



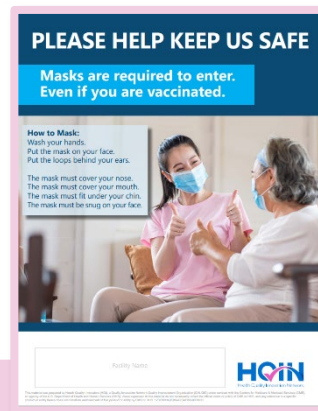
[Droplet Precautions Sign \(English\)](#)



[Droplet Precautions Sign \(Spanish\)](#)



[Enhanced Barrier Precautions Sign](#)



[COVID-19 Signage](#)



[Water, Sanitation and Environmentally Related Hygiene \(WASH\) Posters](#)



Questions to Consider:

Isolation Carts and PPE Supplies

- Where are the carts located?
- What is the process to order an isolation set up and how is it communicated?
- Is there a process in place to determine what supplies are needed in the cart?
- Who monitors the cart to restock supplies?

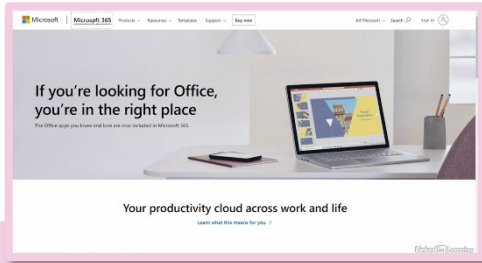
Questions to Consider:

Additional Supplies

- How do I access supplies?
- Are supplies stored on each unit/floor?
- How is inventory monitored?
- How are supplies ordered?
- Who is responsible for setting up/taking down supplies?
- Who is responsible for monitoring necessary postings regarding infection, protocols, precautions, etc.?

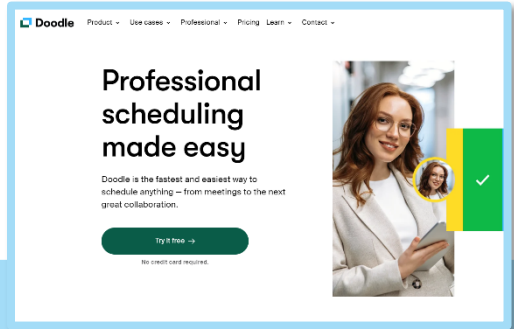


Resources: Staff Infection Control

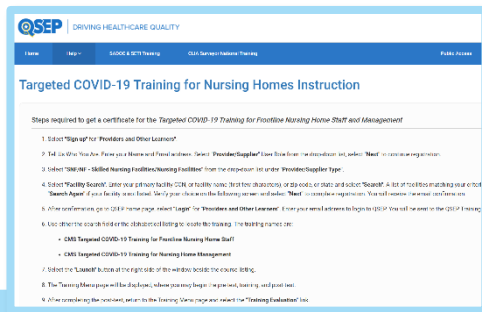


Microsoft 365: Choose the Right Tool for the Job

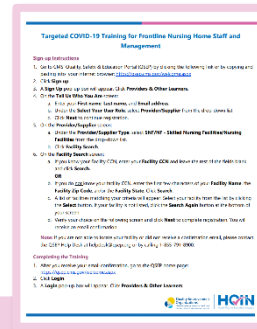
Note: This resource requires a LinkedIn Learning subscription



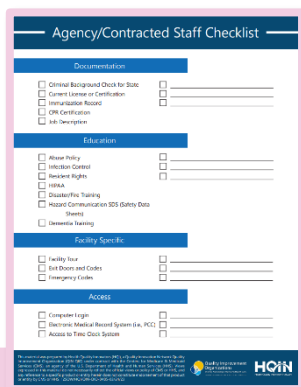
Doodle Meeting Scheduling



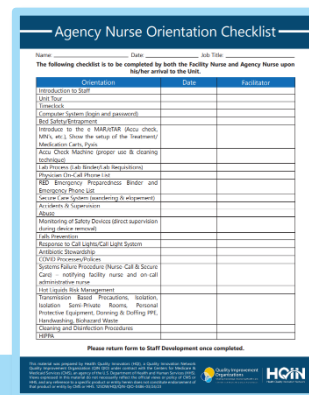
Targeted COVID-19 Training for Nursing Homes Instruction



Targeted COVID-19 Training for Frontline Nursing Home Staff and Management Flyer



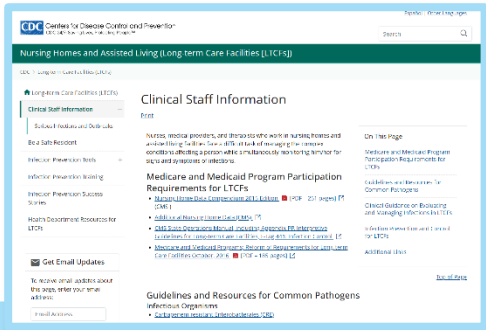
Agency/Contracted Staff Checklist



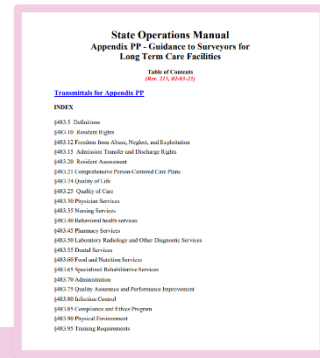
Agency Nurse Orientation Checklist



Resources: Staff Infection Control



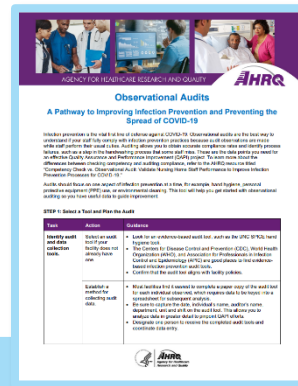
Clinical Staff Information



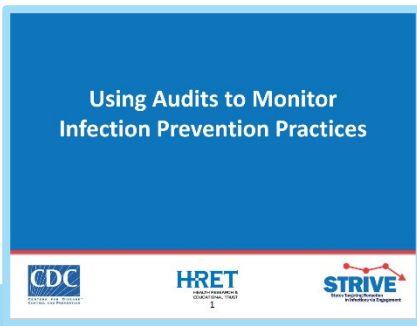
State Operations Manual



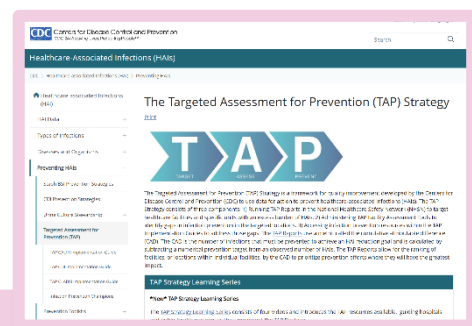
Auditing Strategies to Improve IP Processes in Nursing Homes



Observational Audits



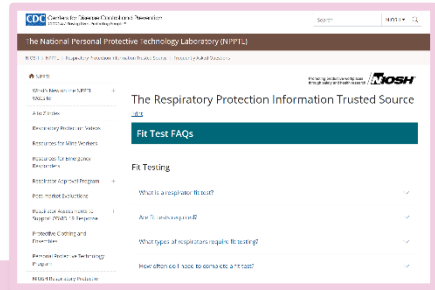
Using Audits to Monitor IP Practices



Targeted Assessment for Prevention (TAP) Strategy



Resources: Staff Infection Control



Fit Test FAQs



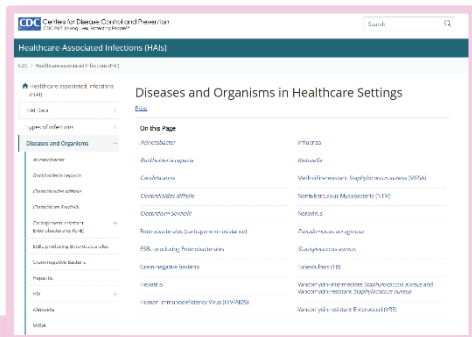
Respirator Fit Testing



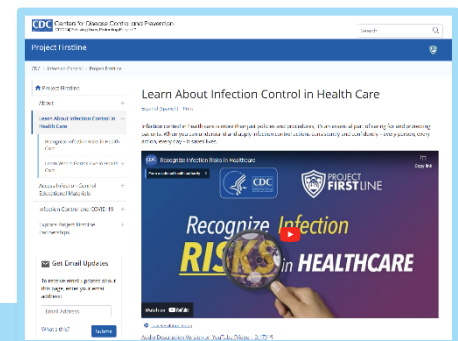
Recognize Infection Risks in Health Care



Outbreak Investigations in Healthcare Settings



Diseases and Organisms in Healthcare Settings



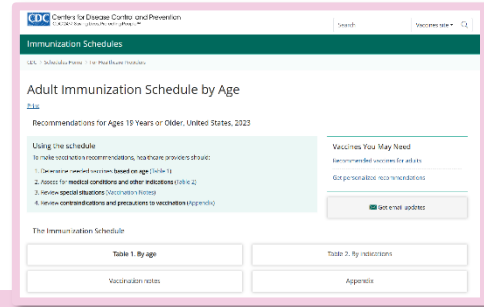
Learn About Infection Control in Health Care



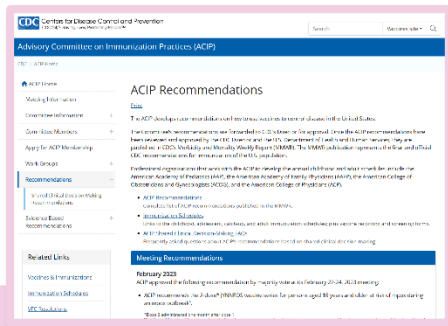
Resources: Infection Prevention and Control



Types of Healthcare-associated Infections



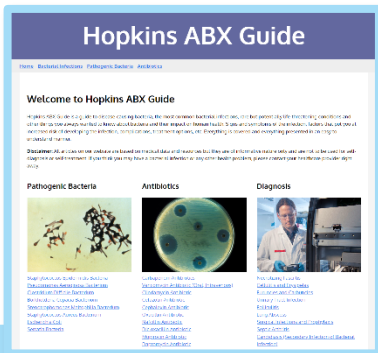
Adult Immunization Schedule by Age



ACIP Vaccine Recommendations



Locating and Tracking Adult Vaccine Records



Hopkins ABX Guide



Resources: Infection Prevention and Control

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Enhanced Barrier Precautions in Skilled Nursing Facilities

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November 15, 2022

Enhanced Barrier Precautions in SNFs

CDC Center for Disease Control and Prevention

Healthcare Associated Infections (HAI)

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes

Definition and scope of Enhanced Barrier Precautions

What are Enhanced Barrier Precautions? These are additional measures beyond standard barrier precautions (gloves and gowns) that are used for residents who are at high risk of infection, such as those with wounds, catheters, or other medical devices. They include things like wearing face shields and gowns, and using specific disinfection techniques.

When are Enhanced Barrier Precautions used? They are used for residents who are at high risk of infection, such as those with wounds, catheters, or other medical devices.

How are Enhanced Barrier Precautions implemented? They are implemented by using additional measures beyond standard barrier precautions (gloves and gowns) that are used for residents who are at high risk of infection.

FAQs about Enhanced Barrier Precautions in Nursing Homes

STOP ENHANCED BARRIER PRECAUTIONS EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Wear gloves and a gown for the following High-Contact Resident Care Activities:

- Dressing/Undressing/Changing
- Showering/Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

Enhanced Barrier Precautions Sign

INTERACT

INTERACT Guidance on Management of Possible Sepsis

Many skilled nursing facilities (SNFs) have requested an INTERACT 'Care Path' for Sepsis, because this condition has been reported to be a common cause of hospital admissions and readmissions.

The INTERACT Program currently includes 10 Care Paths for the most common symptoms and signs that present as acute changes in condition, and that often result in hospital transfer. Because of the nature of the INTERACT program, any set of acute symptoms or signs could be associated with an infection and possible sepsis. Moreover, sepsis is difficult to diagnose in the SNF setting and published criteria are inconsistent.

Guidelines recommended management of sepsis is beyond the capability of most SNFs. Thus, for the majority of residents/patients suspected of possible sepsis transfer to an acute hospital should be considered to safety and optimally manage the condition.

The following guidance on the identification and management of possible sepsis is based on existing evidence, guidelines, and expert recommendations. The INTERACT Care Paths will affect this guidance. The attached Flow Diagram illustrates an overview of Management of Possible Sepsis in the SNF setting.

- Because symptoms and signs are nonspecific in older patients, especially those with multiple comorbidities and/or cognitive impairment, vertically any acute change in condition could represent possible sepsis due to an infection.
- There is no evidence-based definition of possible sepsis in post-acute patients or long-term care residents. Examples of sepsis definitions are illustrated in the Table below.

Examples of Definitions of Sepsis

- General Definition:** Sepsis is a life-threatening organ dysfunction caused by a dysregulated host response to infection. Organ dysfunction can be defined as an acute change of 2 or more on the Sequential Organ Failure Assessment.
- Definition specific to Geriatrics and Post-Acute/Long-Term Care:** Sepsis is an infection, regardless of the primary site of the source that manifests with altered mental status, organ dysfunction, tachypnea, tachycardia, fever, and/or hypotension. (from Dr. Thomas Franko, MD, Geriatrician Professor of Medicine, Case Western Reserve School of Medicine, Case Western Reserve University, Cleveland, OH)

INTERACT Guidance on Management of Possible Sepsis

SEPSIS RISK ASSESSMENT EVALUATION TOOL - HEALTH QUALITY INNOVATION NETWORK

HQIN

Health Quality Innovation Network

(Use this tool to evaluate your admission/transfer assessment to ensure you are capturing all the critical elements that indicate a potential risk for infection/sepsis. The best way to prevent sepsis is to prevent infection and intervene early if infection does exist. You can also use this as a stand-alone screening tool. If an element is present, check the category and circle risk level(s) as they apply. It can be used to identify new admissions for high-risk rounding. See instructions on last page.)

Element	Element included in Admission Assessment	Element included in Care Plan?	Is follow up required for this element?	Year notes	
Sepsis during hospital stay preceding this admission					
History of sepsis					
Renal concerns	<ul style="list-style-type: none"> Chronic renal failure History of stones Recent UTI Urinary catheter during preceding hospital stay History of WBC or urinary retention Obstruct 				
Respiratory	<ul style="list-style-type: none"> Current or recent upper respiratory infection History of pneumonia during preceding hospital stay Current or recent hospital stay Trauma or hospital Chronic COPD, asthma 				
Gastrointestinal	<ul style="list-style-type: none"> CDI infection, current or during hospital stay Recent GI surgery or procedure Chronic inflammatory bowel disease Any history of diarrhea/hemorrhage or gastroenteritis within 6 week of stay 				

Sepsis Risk Assessment Evaluation Tool

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 1: Facility Demographics and Infection Prevention and Control (IPC) Infrastructure

Long Term Care

General Facility Demographics and IPC Infrastructure

Name of Residence: _____

Address: _____

State: _____ County: _____

Population: _____ Bed Capacity: _____

Facility Type (Complete the appropriate item(s) in this column): Residential Care Other Facility/Operations (If applicable)

Unit Type (Complete the appropriate item(s) in this column): Adult Care Home Intermediate Care Facility Other Facility/Operations (If applicable)

Other Facility/Operations (If applicable): _____

Facility Population (Identify all units):

Residence for assessment:

Assisted Living Memory Care Residential Care Intermediate Care Facility Other Facility/Operations (If applicable)

Adult Child Other (Specify): _____

Residence/Assessment (Specify patient):

Resident Other (Specify): _____

Check the appropriate category for the location and distribution of assessment units and non-assessment units in your facility:

2/3 residents/units are located in a single assessment unit:

4/5 residents/units are located in a single assessment unit:

4/5 residents/units are located in multiple assessment units:

4/5 residents/units are located in multiple assessment units (not applicable to long-term care):

Nursing Home Sepsis Gap Analysis



Resources: Infection Prevention and Control

Nursing Home Sepsis Gap Analysis				
Element	Yes	No	N/A	Comments
Leadership Support				
1. Do you have a sepsis program? If yes, does it include the following:				
A. Does your sepsis program have leadership support in administrative, medical director, medical staff, clinical staff?				
B. Is your medical staff actively involved in clinical assessment?				
Communication				
4. Do you report on sepsis to:				
A. Quality Committee				
B. Infection Control Committee				
5. Do you share infection data with staff? If yes, for type of data under element:				
6. Do you share information with families and staff? If yes, what is the communication?				
Education				
8. Do you have a sepsis early recognition strategy for your organization?				
9. If not, do you need assistance with the following aspects?				
A. Does nursing staff have an annual competency for sepsis?				
B. Do you offer 48h shift for nursing staff? If yes, do you have training for staff? (e.g. simulation, training topics, etc.) or support for other resources?				
C. Do you have sepsis education available to staff?				
D. Do you have sepsis education available to families and staff?				
Assessment of Sepsis & Infection Risk				
10. Do you evaluate and assess risk of infection in your facility?				
11. Do you audit the infection nursing assessment to ensure it is completed?				

Section 1: ICAR Tool for General IPC Across Settings

Healthcare-Associated Infections (HAIs)

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

ICAR tools are used to systematically assess a healthcare facility's IPC practices and guide quality improvement activities (e.g., by addressing identified gaps).

ICAR Section 1 | Demographics

Collect facility demographics and clinical information that helps establish the context for the facility prior to the ICAR tool or separate documents used to assist. These questions often result in the facility work.

ICAR Tool for General Infection Prevention and Control Across Settings

NURSING HOME COVID-19 INFECTION CONTROL ASSESSMENT AND RESPONSE (ICAR) TOOL | VERSION 3.1 |

Use of Element: _____

How COVID-19 Risk: _____

CDC U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Nursing Home COVID-19 ICAR Tool

Section 1. Facility Demographics and Clinical Infrastructure

The information provided by the facility prior to the ICAR assessment is used to help identify the context for the assessment.

1. Facility name: _____

2. Facility type: _____

3. Facility size (number of beds): _____

4. Facility location (state, county, city): _____

5. Facility accreditation: _____

6. Facility ownership: _____

7. Facility type: _____

8. Facility type: _____

9. Facility type: _____

10. Facility type: _____

11. Facility type: _____

12. Facility type: _____

13. Facility type: _____

14. Facility type: _____

15. Facility type: _____

16. Facility type: _____

17. Facility type: _____

18. Facility type: _____

19. Facility type: _____

20. Facility type: _____

ICAR Section 1 Demographics

Healthcare-Associated Infections (HAIs)

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

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Collect facility demographics and clinical information that helps establish the context for the facility prior to the ICAR tool or separate documents used to assist. These questions often result in the facility work.

ICAR Tool for General IPC Across Settings

HCIN Healthcare Infection Control Network

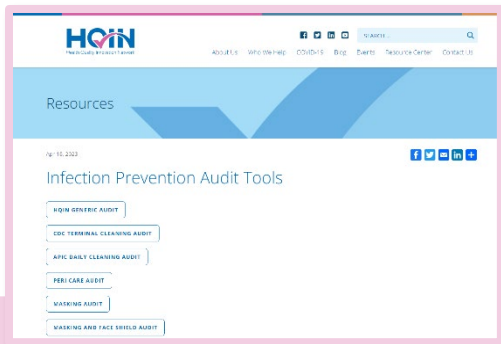
Resources

Apr 10, 2023

Action Plan Templates

- COVID-19 RESIDENT VACCINATION
- COVID-19 RESIDENT BOOSTER
- COVID-19 STAFF VACCINATION
- COVID-19 STAFF BOOSTER
- ISOLATION PRECAUTIONS
- STAFF EXPOSURE

Action Plan Templates



Infection Prevention Audit Tools

Questions to Consider: New Infection Notification System

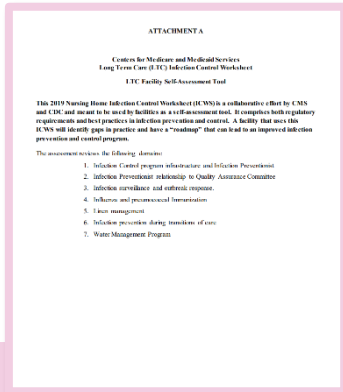
- How are new infections reported?
- Do the lab results come to me?
- How are new antibiotic prescriptions reported?
- How are suspected infections reported?
- Do I have access to review lab results in the resident's chart?
- Has an investigation into the origin of the infection been initiated/completed?

Infection Risks:

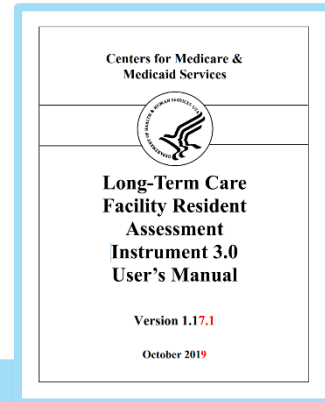
- Residents with a foley catheter
- Residents with open wounds/decubitus ulcers
- Residents with diabetes
- Residents on antibiotics
- Residents that leave the facility
- Residents that are immunocompromised
- Residents at risk for aspirating



Resources: Surveillance



Long Term Care Infection Control Worksheet



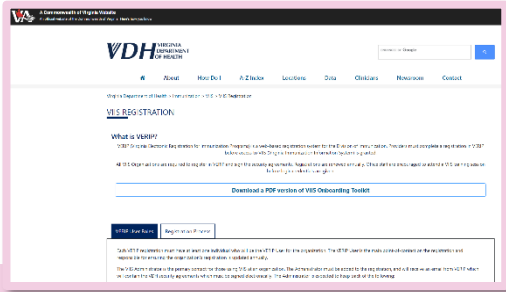
LTCF RAI 3.0 User's Manual



Quality Measure Tip Sheets



Resources: Surveillance



Virginia Vaccine Immunization Information System



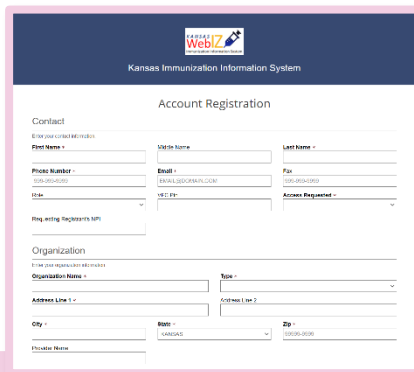
South Carolina Statewide Immunization Online Network



ShowMeVax (Missouri) Registration



ShowMeVax (Missouri)



Kansas Immunization Information System Registration



Kansas Immunization Information System



Resources: Surveillance

Quality Assurance and Assessment (QAA)/Quality Assessment and Performance Improvement (QAPI) Meeting Agenda Guide

Date of Meeting:
The facility is required to have a QAA committee (do not need to use this name) that meets at least quarterly - and as needed - to coordinate and evaluate activities under the QAPI program. (Although meeting quarterly is the requirement, many homes choose to meet monthly or weekly to review and evaluate progress toward quality improvement goals.)

Attending:
The following members are required to be on the QAA committee:

- Director of nursing services
- Medical director
- Nursing home administrator, owner, board member or other individual in a leadership role
- Two other staff members
- The infection prevention and control officer

Other suggested members of the QAA committee:

- Quality coordinator
- Minimum Data Set (MDS) nurse
- Infectious pharmacist
- Infection preventionist
- Direct care staff - nursing assistants, dietary aides, housekeepers, etc.
- Quality coordinator
- MDS nurse
- Consultant pharmacist
- Infection preventionist
- Board member
- Activities director
- Resident/family representative
- Health information technology director
- Health information management/business office representative

Consider the Following Questions to Guide Discussion and Identify Action Steps

Discussion:

- Have we determined the root cause(s) of the problems we are attempting to solve?
- What systemic changes are needed?
- How are we measuring progress?
- Are we making progress toward our goal?
- Is there a need for additional resources?
- Are there constraints or barriers to our progress? (such as regulations or funding gaps?)

1

QAPI Meeting Agenda Guide

Resident COVID-19 Vaccination/Booster Program QAPI Review

Directions: Use this tool as a guide in evaluating your organization's resident COVID-19 vaccination/booster program. This tool should be completed with your team on the entity Quality Assurance and Performance Improvement (QAPI) team or organizational leadership. Assessment results will highlight areas for improvement in order to ensure program fidelity in supporting resident COVID-19 vaccination. You may find it beneficial to add notes in each section for future review.

This tool is intended to be used as a QAPI activity. It is not under the direction of CMS nor will its completion ensure regulatory compliance.

Rate/How Often? Each Assessment This Year Organization (RHS)	Not Applicable	Not Done	Partial	Complete	Done
Our organization has developed policies directing how residents are assessed for COVID-19 vaccination and/or booster eligibility upon admission. (CMS-20054, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has developed policies governing whether how vaccination/booster assessments are conducted on COVID-19 non-residents (such as the benefits and potential side effects). (CMS-20054, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments regarding multi-dose, our organization has developed a process to ensure that residents are assessed for COVID-19 vaccination/booster eligibility on a regular basis. (CMS-20054, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a system in place to determine resident eligibility for vaccination/booster in conjunction with the QAPI and Quality Improvement Committee on Immunization Practices (QIC/IMP). The tracking tool assists in determining the next date to assess. This facilitates timely booster doses and is routinely reviewed to ensure residents' right to vaccination/booster administration is supported. (CMS-20054, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a tracking system in place to ensure all residents that are eligible for vaccination/booster are offered. (CMS-20054, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a system in place for the assessment and identification of suboptimal care for residents that are eligible and eligible for vaccination/booster. (CMS-20054, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resident COVID-19 Vaccination/Booster Program QAPI Review

Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life

QAPI at a Glance:
A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home

QAPI at a Glance

CDC COVID Data Tracker

United States

COVID-19 Integrated County View

How to use this tool: This tool is designed to help you monitor the COVID-19 situation in your facility. It provides a dashboard view of COVID-19 data for your facility, including the number of cases, deaths, and hospitalizations. You can also view data for other facilities in your state and compare your facility's performance to others. The tool is updated daily and provides real-time data on the COVID-19 situation in your facility.

How to use this tool: This tool is designed to help you monitor the COVID-19 situation in your facility. It provides a dashboard view of COVID-19 data for your facility, including the number of cases, deaths, and hospitalizations. You can also view data for other facilities in your state and compare your facility's performance to others. The tool is updated daily and provides real-time data on the COVID-19 situation in your facility.

CDC COVID Data Tracker

ASHE Getting health care facilities

Hazard Vulnerability Assessment (HVA) Tool

Use this tool to assess your organization's ability to manage and prioritize hazards that could impact your facility. This tool helps you identify the most significant hazards that could impact your facility and provides a framework for assessing, mitigating, and recovering from these hazards.

Download the Hazard Vulnerability Assessment Tool

Facility Name: _____ State: _____
City: _____ Zip: _____
Public Use: _____
Report ID: _____

Submit

Hazard Vulnerability Assessment (HVA) Tool

WHS.gov U.S. Department of Health & Human Services

Kaiser Permanente Hazard Vulnerability Analysis

Kaiser Permanente (2017) Kaiser Permanente Hazard Vulnerability Analysis (HVA) Tool.

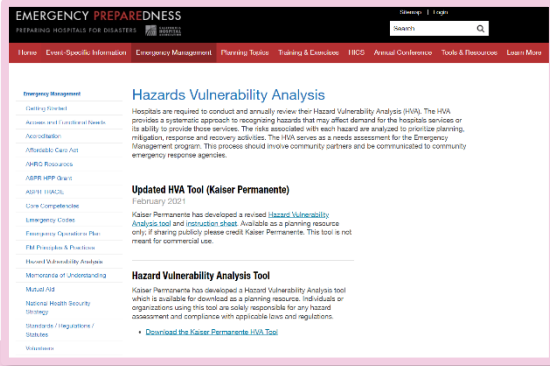
This tool provides a systematic approach to analyzing hazards that may affect demand for hospital services, or a facility's ability to provide those services, helping to prioritize planning, mitigation, response, and recovery activities. This revised version of the commonly used tool incorporates data on actual activations experienced by the user, to more fully inform risk analysis.

Rate: ★★★★★ Favorite: ♡6

Kaiser Permanente Hazard Vulnerability Analysis



Resources: Surveillance



Hazards Vulnerability Analysis

Process for Contacting Providers After Hours:

Includes: Medical director, primary care physicians, nurse practitioners, pharmacists

- Who contacts the provider or who authorizes who contacts the provider?
- Where is the provider contact information?
- What criteria is needed to contact a provider after hours?
- Can residents be transferred to the ER without a provider order?
- How are orders entered in the EHR?
- How is the pharmacy notified of medication orders/changes?

Local Health Department Contacts:

- County: _____
- Phone #: _____
- Main contact name: _____
- Main contact email: _____

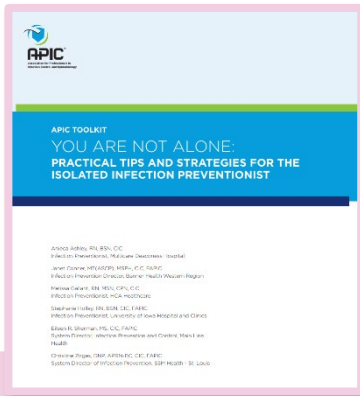
Sharing Information with the Leadership Team

Share information at daily stand-up meetings, risk meetings and QAPI meetings. Include findings from assessments and audits/observations.

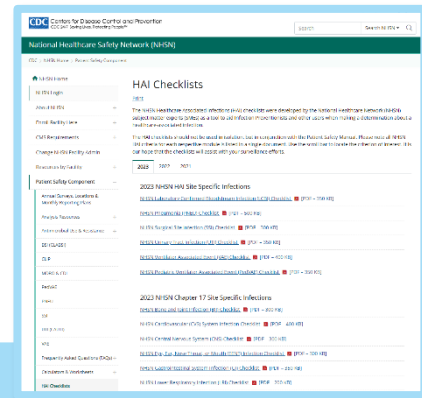
Other: _____



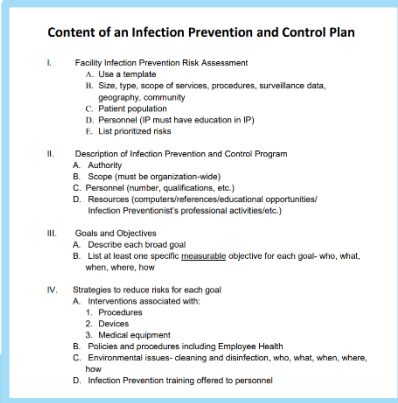
Additional Resources



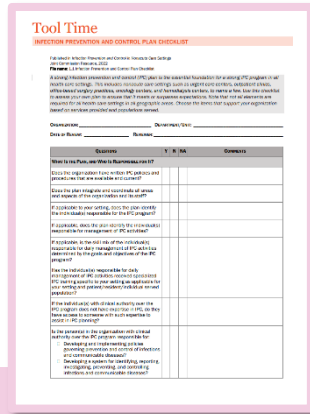
Toolkit for Isolated Infection Preventionists



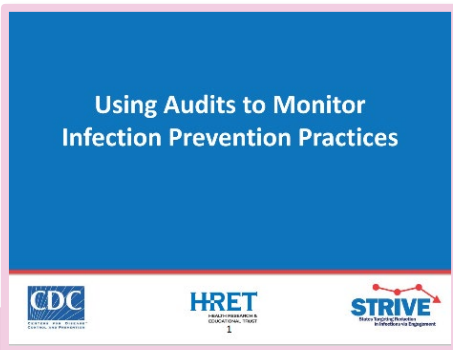
HAI Checklists



Content of an Infection Prevention and Control Plan



Infection Prevention and Control Plan Checklist



Using Audits to Monitor IP Practices



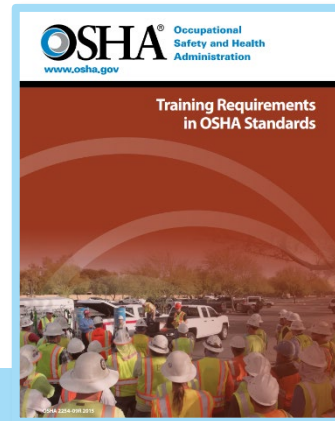
Giving Infection Prevention Feedback



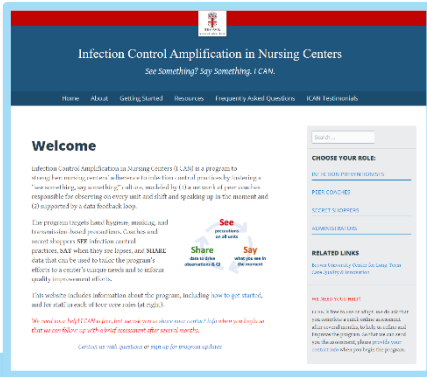
Additional Resources



General Resources on Bloodborne Pathogens



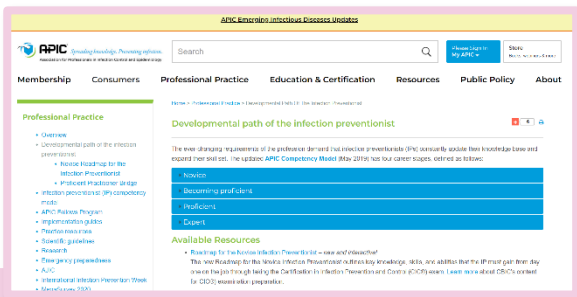
Training Requirements in OSHA Standards



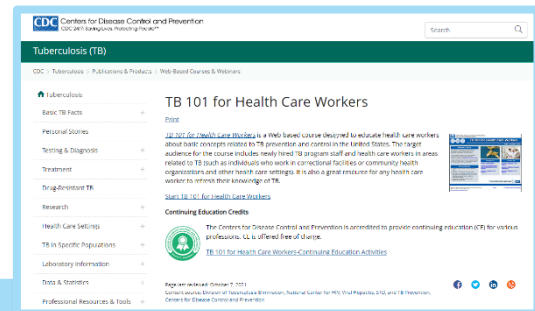
Infection Control Amplification in Nursing Centers



SHEA/CDC Outbreak Response Training Program



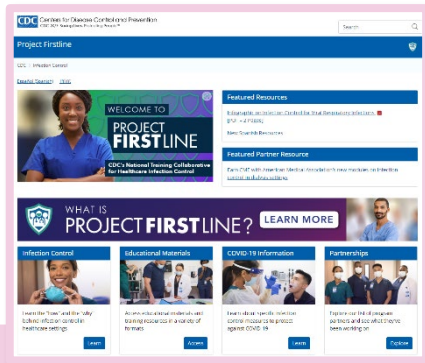
Developmental Path of the Infection Preventionist



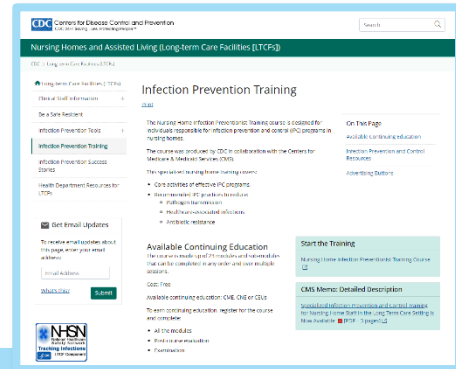
TB 101 for Health Care Workers



Additional Resources



Project Firstline



Infection Prevention Training (CDC)



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-0459-03/10/23