**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]  Safe Visitation Infection Control and 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.

|  |
| --- |
| **Area of Opportunity:**  |
| Need to improve Visitor infection control core principles – source control (masking) |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan):** |
| 1. Not all visitors consistently compliant with utilizing source control (masking)
 |
| 1. Not all visitors are aware of the source control (masking) policy/requirement
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|  |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Demonstrate 90% compliance with visitor source control (masking) by October 31, 2022 |

| **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** |
| --- | --- | --- | --- | --- | --- |
|  | * Form a team that includes, at a minimum, facility leadership, medical director and infection preventionist, to develop a Safe Visitation Plan
 |  | Administrator, DON, Medical Director, IP |  |  |
|  | * Safe Visitation Plan to include indoor visitation with and without outbreak, outdoor visitation, compassionate care visits
* Update any related policies and procedures that support the facility’s Safe Visitation Plan
 |  | 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)
 |
|  | * Incorporate Core Principles of COVID-19 Infection Prevention
 |  | Administrator, DON, IP |  | **Core Principles** 1. Screening all who enter the facility for signs and symptoms of COVID-19 and denial of entry to those with signs and symptoms or those who have had close contact with someone testing positive for COVID-19 in the prior 14 days (regardless of vaccination status)
2. Hand hygiene
3. Use of face coverings or masks for visitors and residents, per CDC guidance
4. Social distancing of at least 6 feet between persons, per CDC guidance
5. Instructional signage throughout the facility with proper visitation education on COVID-19 signs and symptoms, infection control precautions and other applicable facility practices
6. Cleaning and disinfecting frequently touched surfaces and designated visitation areas after each visit
7. Appropriate use of personal protective equipment (PPE) by staff
8. Effective cohorting of residents in separate areas dedicated for COVID-19 care
9. Resident and staff testing conducted as required by state and federal orders or regulations

[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) |
|  | * Display instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, applicable facility practices, etc.
 |  | Administrator, DON, IP |  | * Add contact information for questions, improve visibility
* Add messaging in alternate languages, if relevant
* [Masking (Still) Matters! (HQIN)](https://hqin.org/wp-content/uploads/2021/04/Masking-Still-Matters-508.pdf)
* [Clean Hands Save Lives (HQIN)](https://hqin.org/wp-content/uploads/2020/05/NRSH_008_handwashing_poster_FINAL_03052020_508.pdf)
* [Don’t Touch Your Face Poster (HQIN)](https://hqin.org/wp-content/uploads/2020/05/Simple-Strategies-Dont-Touch-Your-Face-Poster_04062020_508.pdf)
 |
|  | * + Conduct screening of all who enter the facility for signs and symptoms for COVID-19 as directed by CMS guidance (**NOTE:** Emergency personnel is exempt from screening)
* Ensure ALL entry points are monitored on all shifts to prevent unchecked entry
* Ensure adequate supply of PPE and HH station available at entrance
 |  | Administrator, DON, IPAdministrator, Department ManagersAdministrator, EVS, Central Supply | Create shift log reviewed by administration daily; weekly review by IP with report to administrator | * [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)
* [Generic Audit Tool (HQIN)](https://hqin.org/resource/hqin-generic-audit-tool/)
* [Generic Tracking Tool (HQIN)](https://hqin.org/resource/hqin-generic-tracking-tool/)
 |
|  | * Audit compliance with screening
 |  | Administrator, DON, IP | Determine audit schedule to monitor interventions/improvement |  |
|  | * Determine baseline compliance rates for visitor source control (masking)
 |  | Administrator, DON, IP |  |  |
|  | * Train staff on the Safe Visitation Plan and infection prevention and control (HH, PPE required, screening)
 |  | 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)]
 |
|  | * If appliciable, develop a visitor testing plan to include testing process, tracking results and supply management
 |  | Administrator, Medical Director, DON, IP  |  | * Include documentation of consent/declination of testing
* Include documentation of testing results
 |
|  | * Develop plan of disinfecting all high-touch surfaces and educate all staff on procedure
 |  | Administrator, IP, EVS |  | **Ensure policies and procedures are evidence-based (e.g., CDC, EPA, APIC guidelines)** * [Environmental Infection Control Guidelines](https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html)
* [Guidelines for Environmental Infection Control in Health-Care Facilities – updated 2019 (CDC/HICPAC)](https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf)
* [List N Disinfectants for Coronavirus (COVID-19)](https://www.epa.gov/coronavirus/list-n-advanced-search-page-disinfectants-coronavirus-covid-19)
* [Coronavirus (COVID-19)](https://www.epa.gov/coronavirus) (EPA)
* [Options for Evaluating Environmental Cleaning (CDC)](https://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html)
 |
|  | * Communicate safe visitation policies and procedures with residents and families via council meetings, letters and emails
* Inform residents of their rights to determine a personal visitation plan
 |  | Administrator, IP | Weekly check of local, state and federal guidance | * [Patient Notification Toolkit (CDC)](https://www.cdc.gov/injectionsafety/pntoolkit/)
* [Nursing Home Visitation - COVID-19 Ref: QSO-20-39-NH](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf)
 |
|  | * 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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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-0133-11/29/21