



Health Quality Innovation Network

Prepare, Prevent, Protect
5/16/2023

Quality Assurance and Process Improvement (QAPI)

Presented by:

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Disclosure of Conflict(s) of Interest

Mary Locklin, MSN, RN, CIC, has no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

Deb Smith, MLT, BSN, CIC, CPHQ, has no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

Prepare, Prevent, Protect

These brief learning opportunities will introduce essential infection prevention concepts and allow for recipients to connect directly to a certified infection preventionist for support.



Series Goals and Learning Objectives:

- Introduce and tutor audience in creation and implementation of infection prevention components essential to a robust infection prevention program
- Collaborate with nursing home staff with an infection prevention role/duties to bolster the facility's infection prevention program

Your Team



Mary Locklin
MSN, RN, CIC
Senior Quality Improvement
Advisor – Infection Prevention

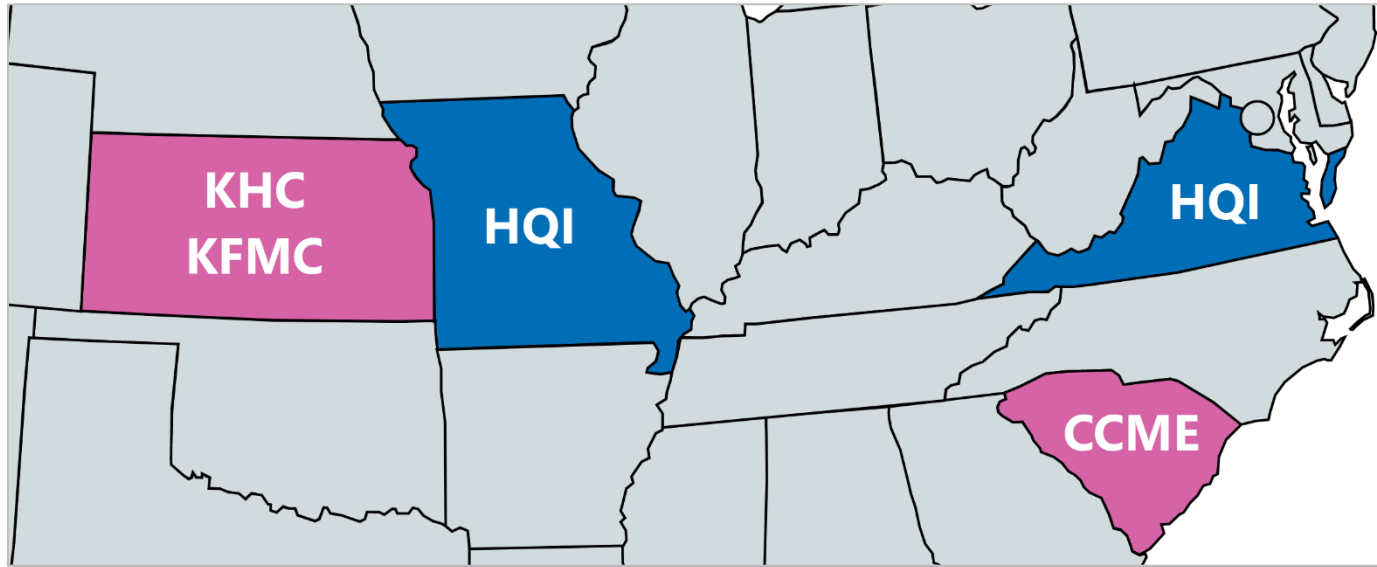


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MLT, BSN, CIC, CPHQ
Consulting Manager

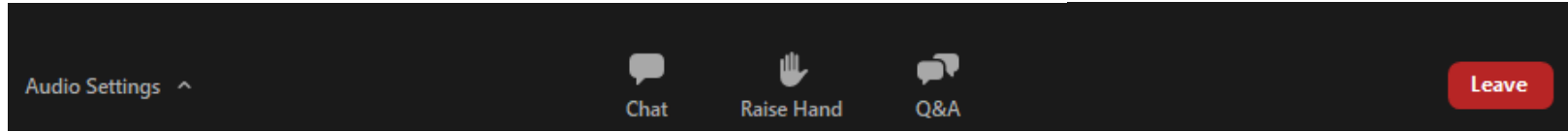


April Faulkner
Communications
Specialist

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

QAPI Defined



Quality Assurance

Reactive:

An internal review process that **audits** quality and implements **corrective actions to remedy any deficiencies** identified.

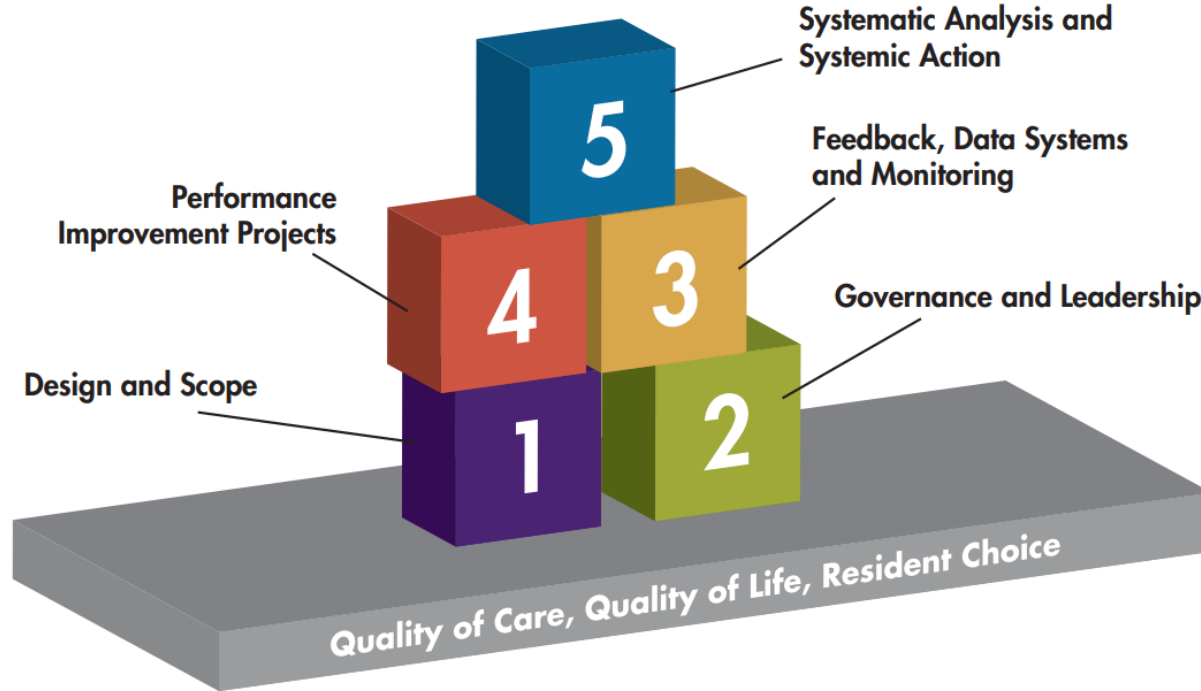


Performance Improvement

Proactive:

Focuses on systems rather than individual performance and seeks to **improve quality rather than correcting errors when thresholds are crossed.**

QAPI Five Elements



Regulations: Quality Assurance Performance Improvement (QAPI)

F865

Quality Assurance Performance Improvement Program

- Design and Scope
- Governance and Leadership

F867

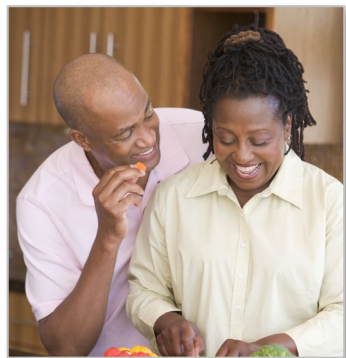
QAPI/QAA Activities

- Program Feedback, Data Systems, Monitoring
- Performance Improvement Projects
- Systemic Analysis and Systemic Action

F868

Quality Assessment and Assurance (QAA) Committee

Everyone Has a Part



Organization/Staff



Consumers

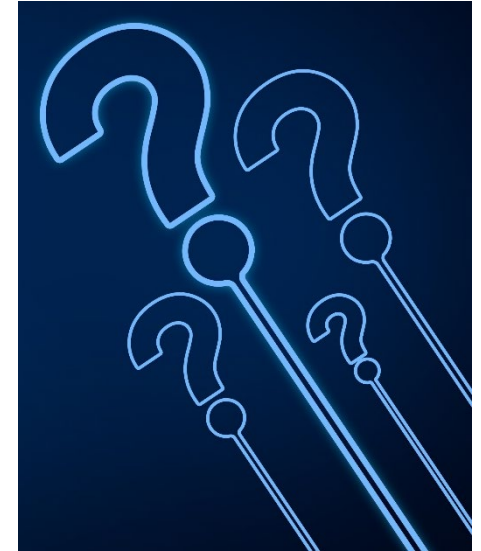
Surveyors



Polling Question 1

Has your facility implemented a performance improvement project (PIP) focused on infection prevention?

- A. Yes
- B. No



Step 1: Performance Improvement Project (PIP) Charter

- Provides a clear outline of tasks assigned
- Defines each component
- Provides clear understanding



Sponsor: Overall direction/financing

Director: Coordination/organization of activities

Manager: Day-to-day operations

Team Members: Policy/procedure examination, data collection

Step 2: Dig into the Data

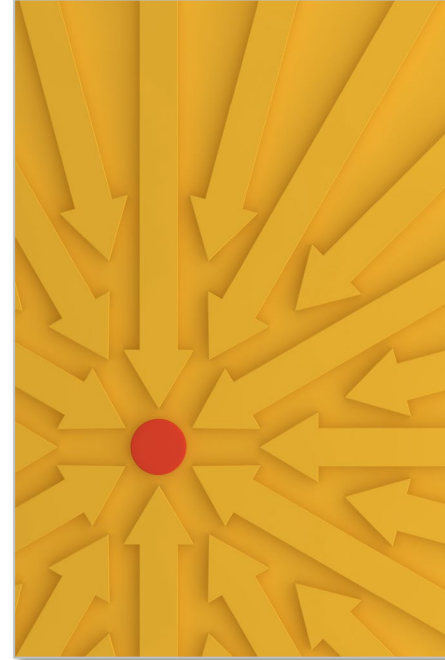
Obtain baseline data:

- Infection control audit reports
- Antibiograms
- Antibiotic usage reports
- Antibiotic reports from consultant pharmacy or lab
- Pertinent chart review information
- CASPER reports
- Laboratory reports
- NHSN



Step 3: Set Goals

- Achievable through hard work
- Stated clearly
- Uses the SMART formula



Step 3: Set Goals

- Use SMART framework
 - Specific: Defines ultimate process destination
 - Measurable: Data to be used is pre-determined
 - Attainable: Resources in place
 - Relevant: Address identified opportunity for improvement
 - Time Bound: Target date is realistic



Step 3: Document

Document all steps to improvement, including:

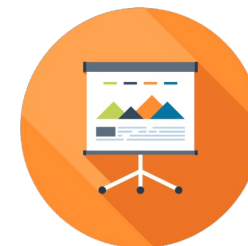
- Education
- System changes
- Policy changes



Step 4: Utilizing the Data

1. Know Your Data

- Track over time
- Review results with your staff
- Continue monitoring to help ensure sustainability



2. QAPI Meeting

- Review action plans
- Review RCA results
- Review compliance results
- Determine if action plan updates are needed



Step 5: Identify Root Causes

A thorough analysis of contributing factors leads to identification of the underlying process and system issues (root causes) of the event.

1

What are the primary issues?
What components need improvement?

5

Why was the plan, direction, guidance, policy or procedure not followed?



2

When does the issue/concern occur?
Relationship to activity/task/system?

4

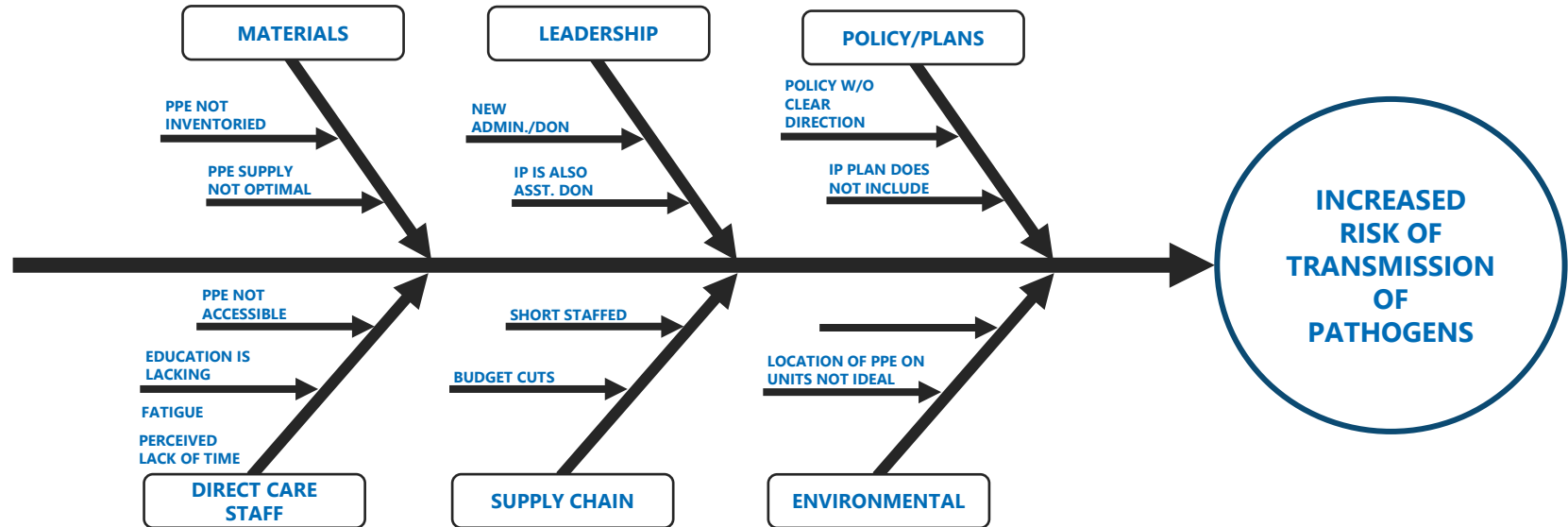
Who is involved in the concern/incident (i.e., resident, staff, visitor, etc.)?

3

Where does the issue/concern occur (i.e., specific unit, location, etc.)?

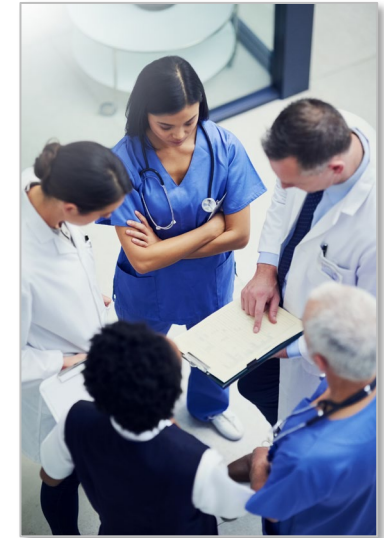
Step 5: Go Fishing for Root Causes

LACK OF COMPLIANCE RELATED TO PERSONAL PROTECTIVE EQUIPMENT (PPE)



Step 6: Design & Implement Strong Interventions

- The team determines how best to change processes to reduce the likelihood of a similar event.
- Choosing actions that are tightly related to the root cause and that lead to a system or process change will provide sustainability.
- If systems don't exist, they may need to be developed.
- If systems impede quality, they must be changed.

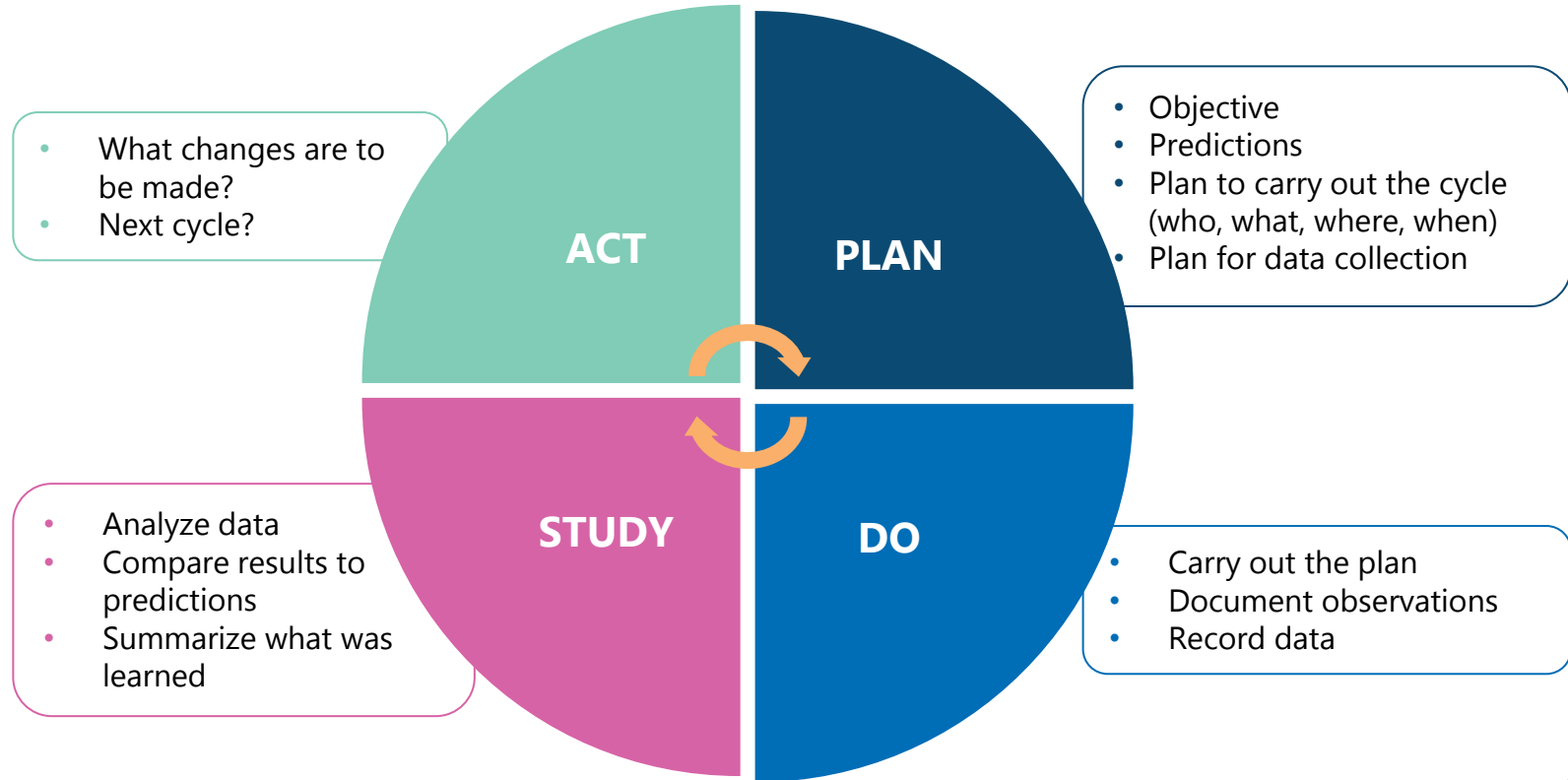


Performance Improvement Opportunities & Infection Prevention

- COVID-19 bivalent vaccine booster uptake
- Catheter-associated urinary tract infections
- Personal protective equipment compliance
- Hand hygiene
- Isolation precautions



Model for Improvement



Effecting and Sustaining Change

Keys to Success

- Teamwork
- Systems thinking
- Be proactive rather than reactive
- Identify risk factors and anticipate problems before they occur



Polling Question 2

The Right View is a 60-bed long term care facility. The facility is divided into 2 separate units. Their CMS CASPER Report reveals the facility has had an increase in urinary tract infections over the past 3 months.

The infection preventionist and the DON discuss the trend. They believe the data reveals a significant problem that warrants implementing a performance improvement project. The next step in implementing a process to reduce urinary tract infections should be to:

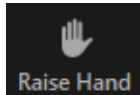
- A. Set goals
- B. Complete a performance improvement project charter
- C. Plan interventions

Polling Question 3

Stardust Nursing Home is a large long term care facility with 230 beds and is at full capacity. Several residents are on isolation. In performing audits, the infection preventionist observes that PPE is not used consistently. After sharing audit results with the administrator and DON, it is decided that a PIP is warranted. The charter is complete, the team is formed, and the root cause analysis is completed. Several things have been identified as impacting compliance, including a lack of PPE supplies. What actions/interventions should the team put in place as part of the PIP?

- A. A system for reporting and documenting non-compliance of specific individuals
- B. A system to ensure that PPE is consistently readily accessible for staff to use
- C. A process for regular inventory and restocking of PPE supplies
- D. Education of new and existing employees

Questions? Comments? Share What is Working or What is Difficult for Your Team!




Raise your hand to verbally ask a question



Type a question by clicking the **Q&A** icon

*Don't hesitate to ask a question after the webinar is over.
Email LTC@hqi.solutions or your HQIN Quality Improvement Advisor.*

HQIN QAPI Resources



Simple Strategies
for aligning IPCP with QAPI

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HQI HQIN
Health Quality Innovation Network

How the Infection Prevention and Control Program Aligns With QAPI

Infection Prevention is a key component of system-wide quality assurance and performance improvement activities. A core activity of the Infection Prevention and Control Program (IPCP) is to use the data-driven, systems approach of QAPI to record incidents identified by the IPCP and corrective actions taken by the facility.

Goals of the IPCP are to:

- Decrease the risk of infection to residents, visitors, and healthcare personnel
- Monitor for occurrence of infection and implement appropriate prevention measures
- Identify and correct problems related to infection prevention practices
- Limit unprotected exposure to pathogens throughout the facility
- Minimize infection risk associated with procedures, medical devices, and medical equipment
- Maintain compliance with federal, state, and local regulations related to infection prevention.

IPC Programs should incorporate the five elements of a strong QAPI program.

This *Simple Strategies* will focus on the following elements: Performance Improvement Projects and Systematic Analysis and Systemic Action.

- [Design and Scope](#)
- [Governance and Leadership](#)
- [Feedback, Data Systems, and Monitoring](#)
- [Performance Improvement Projects \(PIPs\)](#)
- [Systematic Analysis and Systemic Action](#)

Resources

- [SPICE LTC Infection Prevention Risk Assessment - Statewide Program for Infection Control & Epidemiology | UNC](#)
- [Risk Assessment for Infection Surveillance, Prevention and Control Programs in Ambulatory Healthcare Settings](#)
- [IPC Risk Assessment Spreadsheet](#)
- [Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives | CDC](#)
- [Incorporating Infection Prevention and Control into an Emergency Preparedness Plan | AHRQ](#)
- [Long Term Care Requirements CMS Emergency Preparedness Final Rule](#)
- [Appendix PP - November 22, 2017 | CMS](#)



Resources

- [APIC Toolkit for Rural and Isolated Settings](#)
- [State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance | CMS](#)
- [Emergency Preparedness Exercises | FEMA](#)
- [Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers | AHCA NCAL](#)
- [Disaster Preparedness Plan Template for use in Long Term Care Facilities | ASPR TRACIE](#)
- [Infection Prevention Annual Risk Assessment Email Template | HQIN](#)
- [Safe Linen and Laundry Management Audit Tool | HQIN](#)
- [Safe Linen/Laundry Management IPC Action Plan Template | HQIN](#)
- [Infection Prevention Plan FY2022 | UNC Medical Center](#)



Resources

- [Fishbone Diagram | HQIN](#)
- [Forms & Checklists for Infection Prevention | APIC](#)
- [Nursing Homes and Assisted Living Infection Prevention Training | CDC](#)
- [Infection Prevention and Control Program Sample Policy](#)
- [Action Plan Templates | HQIN](#) (Topics include hand hygiene, staff infection exposure prevention, isolation precautions and environmental hygiene)
- [Competency-Based Training 102 | CDC](#)
- [Break the Chain of Infection with Better Hand Hygiene | HQIN](#)
- [Hand Hygiene Module 1 | HQIN](#)
- [Hand Hygiene Competency Validation | HQIN](#)
- [Hand Hygiene Competency Tracking Tool | HQIN](#)



Resources

- [Environmental Cleaning Procedures | Environmental Cleaning in RLS | CDC](#)
- [Infection Control Risk Assessment Matrix of Precautions for Construction & Renovation | APIC](#)
- [Infection Prevention Guide | Alliant Quality](#)
- [Sharps Disposal Containers | FDA](#)
- [Environmental Rounding Tool | ASHE](#)
- [Environmental Rounds Worksheet for Infection Prevention](#)
- [Occupational Safety and Health | Workplace Health Resources | Tools and Resources | Workplace Health Promotion | CDC](#)
- [Training Requirements in OSHA Standards Healthcare | OSHA](#)
- [Safe Patient Handling Training for Schools of Nursing | NIOSH | CDC](#)
- [Hierarchy of Controls | NIOSH | CDC](#)
- [Recommended Vaccines for Healthcare Workers | CDC](#)

Resources

- [COVID-19: Best Practices for Patient Communication | HQIN](#)
- [Infection Prevention Training | LTCF | CDC](#)
- [Project Firstline Infection Control Training | CDC](#)
- [Project Firstline Roadmap | Virginia Department of Health](#)
- [Pause for Prevention Program | HQIN](#)
- [Pause for Prevention Module 8: Caring for Yourself During an Infectious Disease Outbreak or Pandemic | HQIN](#)
- [Tune in to Safe Healthcare: A CDC Webinar Series | Training & Education | Infection Control](#)
- [Long-Term Care | AHRQ](#)
- [Long-Term Care | APIC](#)
- [Long-Term Care Infection Preventionist Essentials | APIC](#)
- [Nursing Home Infection Preventionist Training Course | CDC TRAIN](#)

Contact Hours Certificate

- Complete the attestation form at <https://go2certificate.com> to receive the contact hours you deserve. This activity awards 0.5 contact hours for nurses. A general certificate of participation is also available.
- If you receive an error when you click the link, copy and paste the URL into your browser. Chrome is recommended for an optimal portal experience.
 - Enter Access Code: **2991-QA**
 - Enter your email address
 - Click the Confirm button
- If you are a returning user of Go2Certificate, the system will alert you to this fact and request that you enter your password.
- If you are a first-time visitor to Go2Certificate, complete the demographic information, set-up a password and click the Submit button.
- Select the Activity you attended by clicking the box to the left of the activity title. There is only one activity assigned to this access code.
- Click the Continue button.
- Complete the Activity Evaluation by using the Next buttons. Your input is invaluable. At the end of the evaluation, please click the Submit button.
- Please confirm how you would like your name to appear on the certificate.
- Select the box requesting the accreditation you wish to earn. Multiple selections are acceptable. Click the Confirm button.

**The portal will expire
on June 16, 2023**

In future visits, the system automatically recognizes your account based on your email address. It will ask you to enter your own created password after you have entered the Access Code and your email address.

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

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This concludes our Prepare,
Prevent, Protect webinar series.



Thank you for joining us and
please reach out for support as
you continue your healthcare
quality improvement journey.

