

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](#)

The Long-Term Care Infection Preventionist's Survival Guide

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 [COVID-19 hospitalizations, death and ED visit](#) levels
- Locate the facility [emergency preparedness plan](#) and review identified risks



[Additional Resources](#)



Resources: Getting Started

Questions to Consider: EHR and Lab Reporting

- Do the lab 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

The screenshot shows the CDC Vaccine Storage and Handling Toolkit page. It features a navigation menu on the left with categories like 'Administration Tools', 'Vaccine Storage & Handling', 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 'Vaccine Storage & Handling'. The main content area is titled 'Vaccine Administration Toolkit' and includes a list of links for various forms and resources related to vaccine administration.

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 includes a large image of hands holding pills and text about the guide's purpose and content.

Nursing Home Antimicrobial Stewardship Guide

The screenshot shows the Clinical Infectious Diseases journal article page for 'Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America'. It includes the article title, authors, 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 includes a diagram showing the relationship between 'Create a culture of antibiotic stewardship' and 'Improve antibiotic prescribing'.

Toolkit To Improve Antibiotic Use in Long-Term Care

The screenshot shows the CDC Antibiotic Prescribing and Use page. It features a navigation menu on the left with categories like 'Antibiotic Use', 'About Antibiotic Use', and 'Core Elements of Antibiotic Stewardship'. The main content area is titled 'Core Elements of Antibiotic Stewardship' and includes text about the CDC's efforts to improve antibiotic use and reduce antibiotic resistance.

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 to implement isolation and entry systems by all levels of healthcare, clinical or ambulatory care.
Category B	Strongly recommended to implement isolation and entry systems by some organizations at least or some ambulatory care settings or long-term care facilities.
Category C	Requires further investigation, as evidence by research and/or case reports or studies is insufficient to make a recommendation strongly supported by research.
Category D	Requires further investigation, as evidence by research and/or case reports or studies is insufficient to make a recommendation strongly supported by research.

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

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

Guideline for Isolation Precautions

Isolation Precautions

III. Precautions to Prevent Transmission of Infectious Agents

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

These are sections of the CDC guideline for preventing transmission of infectious agents. Sections that are not intended for implementation are marked with a "Not for Implementation" icon. Sections that are intended for implementation are marked with a "For Implementation" icon. Sections that are intended for implementation but require further investigation are marked with a "Further Investigation" icon.

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 antibiotic resistance by preventing infection control to the objectives of the organization's patient and occupational safety programs. An infection control program should have a written policy to prevent the Transmission-Based Precautions (TBP) and isolation barrier at the organization and should be a part of the organization's infection control program. Healthcare organizations should use a number of strategies to prevent the acquisition of antibiotic resistance by preventing infection control to the objectives of the organization's patient and occupational safety programs. An infection control program should have a written policy to prevent the Transmission-Based Precautions (TBP) and isolation barrier at the organization and should be a part of the organization's infection control program.

Fundamental Elements to Prevent Transmission of Infectious Agents

Precautions 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 for all patients whose care involves contact with the patient or the patient's environment. Transmission-Based Precautions are used to prevent infection transmission. There are two types of Transmission-Based Precautions: Contact Precautions and Droplet Precautions.

Contact Precautions

Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

- Ensure appropriate patient placement in a single patient room or room if available in acute care hospitals, in long-term care or residential settings, in a non-plantar care facility, or in other care settings. In ambulatory settings, ensure appropriate placement in a private room or a room with a single patient.
- Use personal protective equipment (PPE) appropriately, including gloves and gowns. After appropriate removal of PPE, use hand hygiene. Patients who are in contact with the patient or the patient's environment should be appropriately cleaned before using equipment in other care settings.

The Infection Preventionist's Guide to the Lab

Edited by Aimee Brown

Forward to Forward diagnostics, surveillance, and disease find 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 and work together to improve patient outcomes. To facilitate this, APIC partnered with The American Society for Microbiology (ASM) to create this guide.

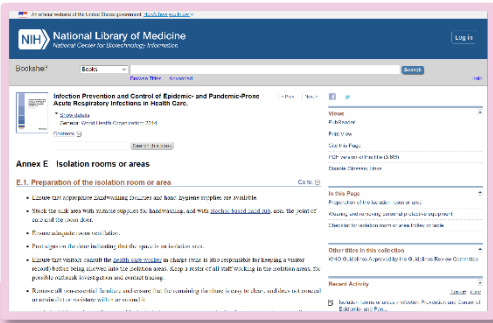
See Full PDF | Download PDF

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

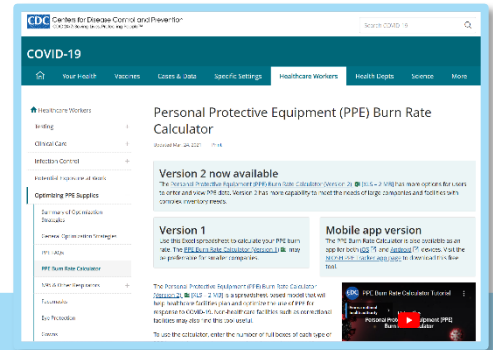
Transmission-Based Precautions



Resources: Isolation, PPE and Supplies



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



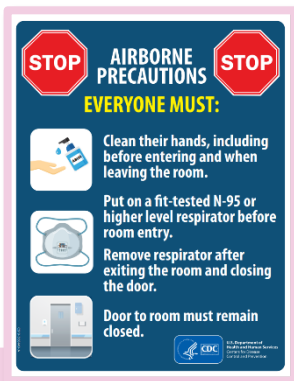
PPE Burn Rate Calculator



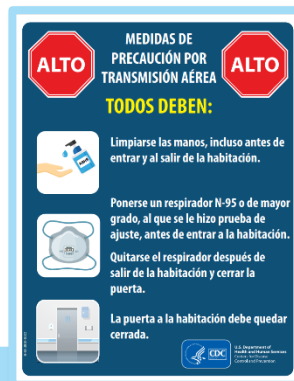
Contact Precautions Sign (English)



Contact Precautions Sign (Spanish)



Airborne Precautions Sign (English)



Airborne Precautions Sign (Spanish)



Resources: Isolation, PPE and Supplies



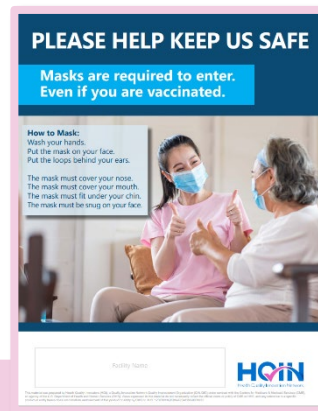
[Droplet Precautions Sign \(English\)](#)



[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?

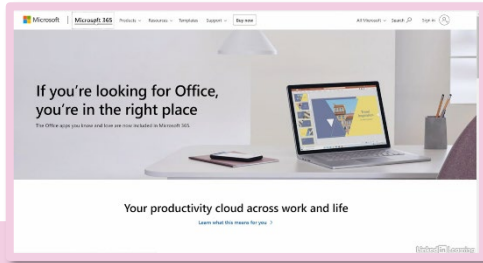
Questions to Consider:

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.?

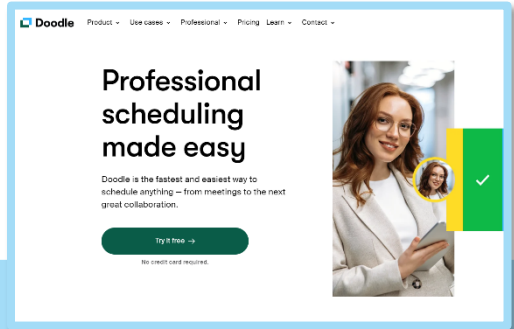


Resources: Staff Infection Control

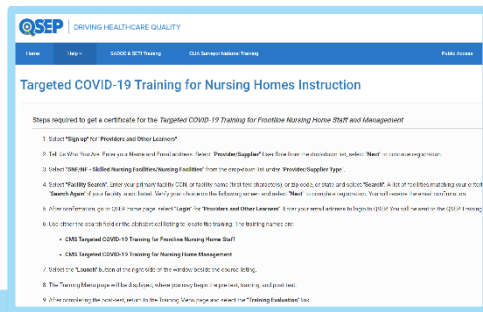


Microsoft 365: Choose the Right Tool for the Job

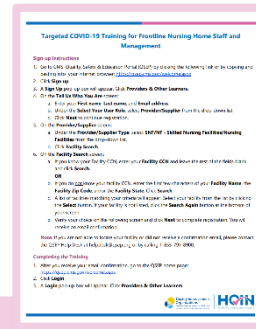
Note: This resource requires a LinkedIn Learning subscription



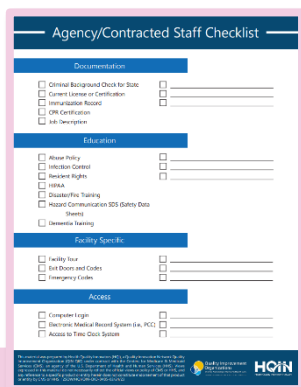
Doodle Meeting Scheduling



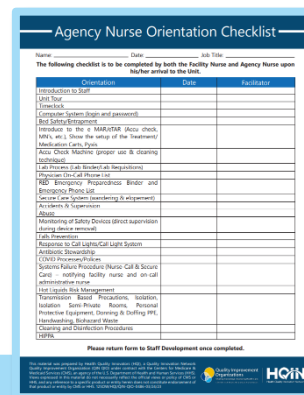
Targeted COVID-19 Training for Nursing Homes Instruction



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



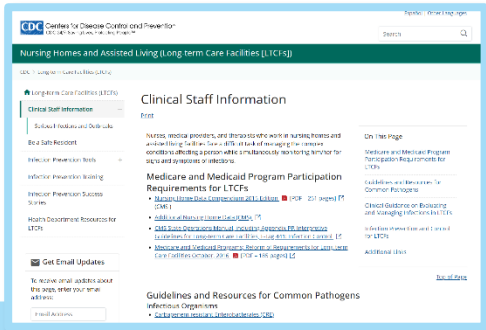
Agency/Contracted Staff Checklist



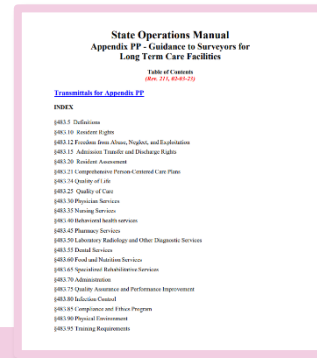
Agency Nurse Orientation Checklist



Resources: Staff Infection Control



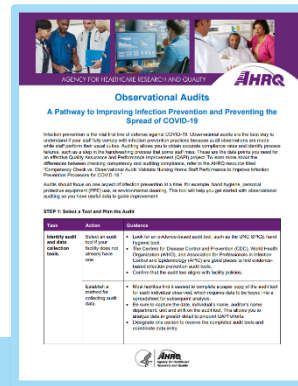
Clinical Staff Information



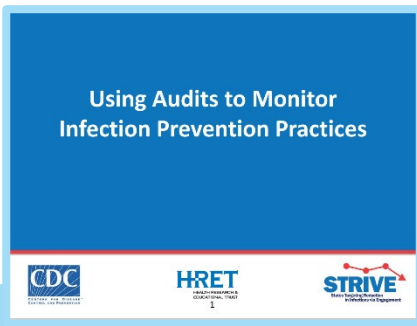
State Operations Manual



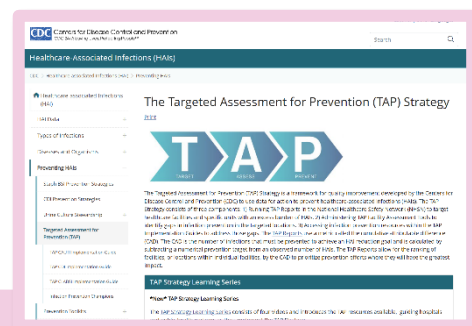
Auditing Strategies to Improve IP Processes in Nursing Homes



Observational Audits



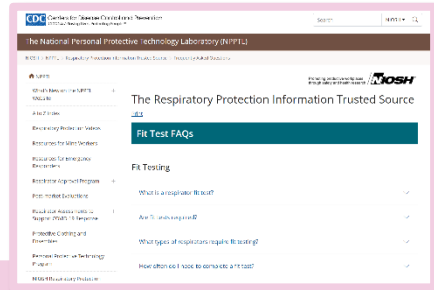
Using Audits to Monitor IP Practices



Targeted Assessment for Prevention (TAP) Strategy



Resources: Staff Infection Control



Fit Test FAQs



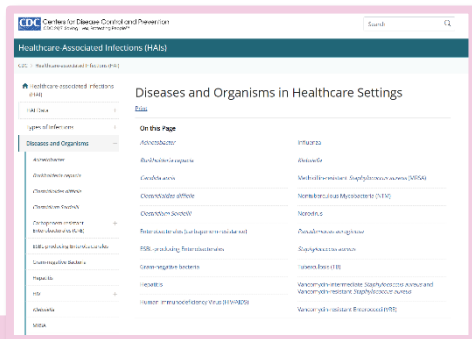
Respirator Fit Testing



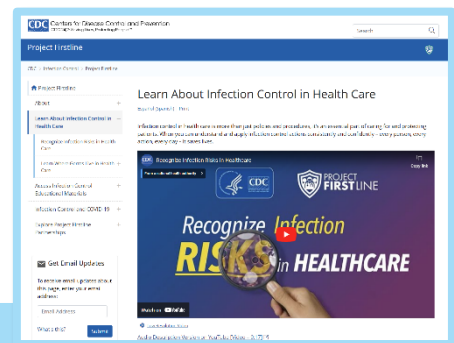
Recognize Infection Risks in Health Care



Outbreak Investigations in Healthcare Settings



Diseases and Organisms in Healthcare Settings



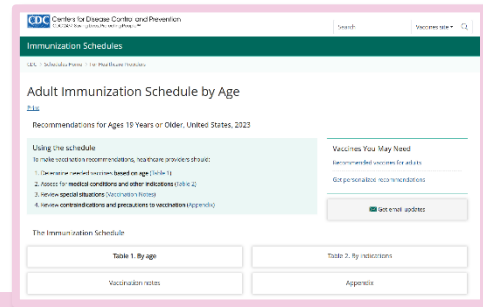
Learn About Infection Control in Health Care



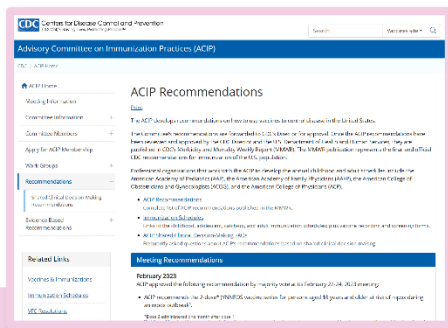
Resources: Infection Prevention and Control



Types of Healthcare-associated Infections



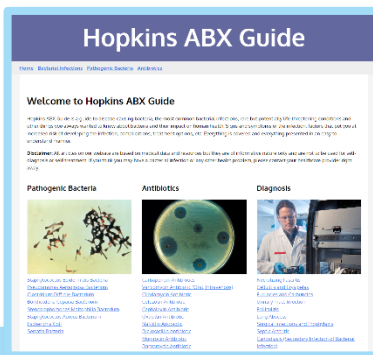
Adult Immunization Schedule by Age



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

Enhanced Barrier Precautions
Enhanced barrier precautions are a set of infection control interventions that go beyond standard barrier precautions (gloves and gowns) to reduce the risk of healthcare-associated infections (HAIs) in long-term care facilities (LTCFs). They include additional measures such as hand hygiene, use of face shields or goggles, and use of gowns and gloves for all direct care activities, regardless of whether the patient is colonized or infected with a multidrug-resistant organism (MDRO).

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
- Bathing/Showering
- Transferring
- 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 CDC guidance, this 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 requires culture for identification.**

Guidance 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 safely 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 reflect 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 the 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, tachycardia, tachypnea, hypotension, leukocytosis, leukopenia, or other signs and symptoms consistent with sepsis. (Pronounced with permission from Dr. Thomas Frohman, MD, Georgetown Professor of Medicine, Geriatric Medicine and Infection Diseases, and Dr. Richard M. Jackson, MD)

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 nursing 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?	Your 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 MRSA 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 tracheostomy Trauma or intubated Chronic COPD, asthma 			
Gastrointestinal	<ul style="list-style-type: none"> CDI infection, current or during preceding hospital stay Recent GI surgery or procedure Chronic inflammatory bowel disease Any history of diabetes/hypernatremia or gastroenteritis within 1 year of this 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

General Facility Demographics and IPC Infrastructure

Name of Assessor: _____
 Assessor Title: _____
 State: _____ County: _____
 Facility: _____ State/territory/colony/DC/PO (check one)
 Facility Type: Complete the appropriate facility type: Residential/Respite Residential/Long-Term Care Residential/Short-Term Care Residential/Other Other (Specify): _____
 Assisted Living Intermediate Care Facility for Individuals with Disabilities (ICF/IID) Other (Specify): _____
 Other (Specify): _____

Facility Population (Select all that apply):

Residential Residential/Respite Residential/Long-Term Care Residential/Short-Term Care Residential/Other Other (Specify): _____

Facility Type (Check all that apply):

Assisted Living Intermediate Care Facility for Individuals with Disabilities (ICF/IID) Other (Specify): _____

Check the following facility type(s) and distribution of population in each and use (check all that apply):

Residential Residential/Respite Residential/Long-Term Care Residential/Short-Term Care Residential/Other Other (Specify): _____

ICAR requires facilities to provide certain required services:

ICAR requires facilities to provide certain required services: _____

ICAR requires facilities to provide certain required services: _____

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. Do you have medical staff activities involved in sepsis assessment?				
C. Do you report on sepsis at all:				
1. Quality Committee				
2. Infection Control Committee				
3. Do you share sepsis data with staff? If yes, for type of data under element?				
4. Do you share information with families and staff? If yes, what is the communication?				
Communication				
5. Do you have a sepsis early recognition strategy?				
6. If no, do you need assistance with a sepsis program?				
7. Does nursing staff have an active competency for sepsis?				
8. Do you offer 80% days for nursing staff? (80% of staff must be able to identify sepsis, starting from 10% or more for other elements)				
9. Do you have sepsis education available to staff?				
10. Do you have sepsis education available to families and staff?				
11. Do you have the education meeting annually to assess & complete?				

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

Collecting facility demographics and clinical infrastructure information enables users to tailor the tool to their facility profile. These questions also provide a baseline for comparison.

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 this tool is for internal use only. It is not intended for public distribution.

Use of this tool is for internal use only. It is not intended for public distribution.

Nursing Home COVID-19 ICAR Tool

Section 1. Facility Demographics and Clinical Infrastructure

The information entered in this section of the ICAR assessment tool is used to tailor the tool to your facility. This information is used to generate a customized assessment and response plan.

1. Facility name: _____

2. Facility type: _____

3. Facility size (number of beds): _____

4. Facility location: _____

5. Facility accreditation: _____

6. Facility ownership: _____

7. Facility type: _____

8. Facility type: _____

9. Facility type: _____

10. 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

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

Collecting facility demographics and clinical infrastructure information enables users to tailor the tool to their facility profile. These questions also provide a baseline for comparison.

ICAR Tool for General IPC Across Settings

Resources

Apr 10, 2023

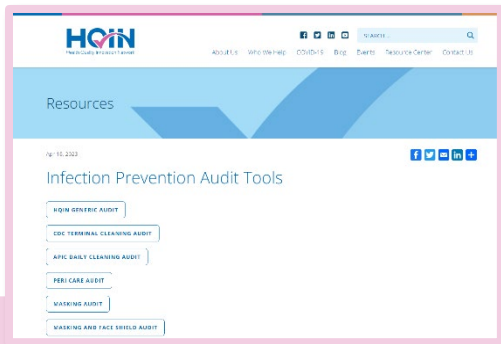
Action Plan Templates

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

Action Plan Templates



Resources: Infection Prevention and Control



Infection Prevention Audit Tools

Questions to Consider: New Infection Notification System

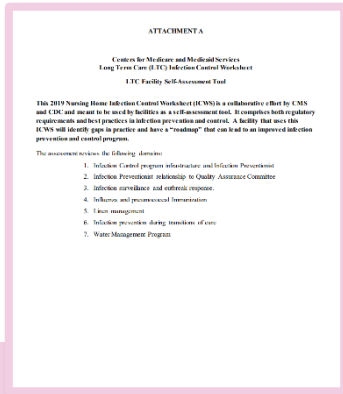
- How are new infections reported?
- Do the lab results come to me?
- How are new antibiotic prescriptions reported?
- How are suspected infections reported?
- Do I have access to review lab results in the resident's chart?
- Has an investigation into the origin of the infection been initiated/completed?

Infection Risks:

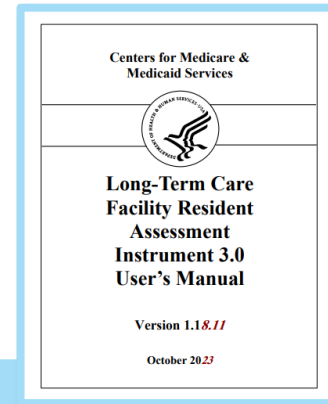
- Residents with a foley catheter
- Residents with open wounds/decubitus ulcers
- Residents with diabetes
- Residents on antibiotics
- Residents that leave the facility
- Residents that are immunocompromised
- Residents at risk for aspirating



Resources: Surveillance



Long Term Care Infection Control Worksheet



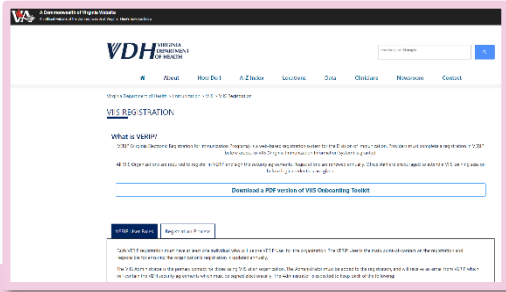
LTCF RAI 3.0 User's Manual



Quality Measure Tip Sheets



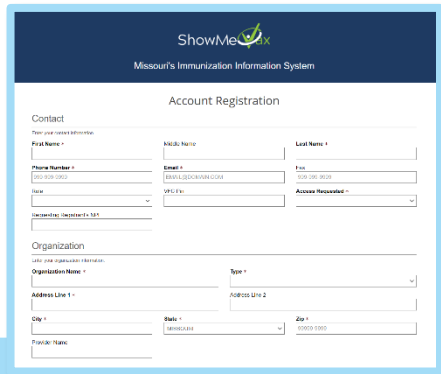
Resources: Surveillance



Virginia Vaccine Immunization Information System



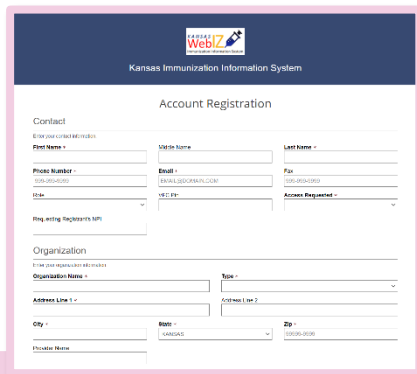
South Carolina Statewide Immunization Online Network



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
- Consultant 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?
 - 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?)
- What systemic changes are needed?
- How are we measuring progress?



QAPI Meeting Agenda Guide

Resident COVID-19 Vaccination/Booster Program QAPI Review

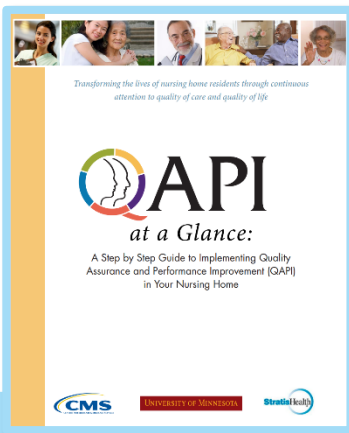
Directions: Use this tool as a guide in evaluating your organization's resident COVID-19 vaccination/booster program. This tool should be completed with your team from the entity Quality Assurance and Performance Improvement (QAPI) team or a designated representative. Assessment results will highlight areas for improvement in order to ensure program success 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 review; it is not under the direction of CMS nor will its completion ensure regulatory compliance.

Rate how closely each statement fits your Organization (BEST)	Not at all	Not	Slightly	Mostly	Very
Our organization has developed policies directing how residents are screened for COVID-19 vaccination and/or booster eligibility upon admission (SNF ID#64, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has developed policies governing screening how vaccination/booster representatives are educated on COVID-19 vaccination (such as the benefits and potential side effects) (SNF ID#64, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has developed policies governing how vaccination/booster representatives are educated on COVID-19 vaccination (such as the benefits and potential side effects) (SNF ID#64, 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 ensure all residents that are eligible for vaccination/boosters are offered (SNF ID#64, 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 ensure all residents that are eligible for vaccination/boosters are offered (SNF ID#64, 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 ensure all residents that are eligible for vaccination/boosters are offered (SNF ID#64, 10/30/2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



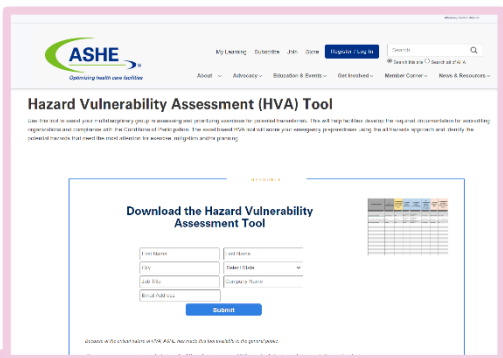
Resident COVID-19 Vaccination/Booster Program QAPI Review



QAPI at a Glance



CDC COVID Data Tracker



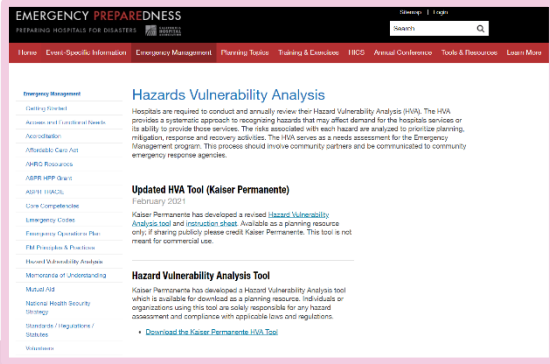
Hazard Vulnerability Assessment (HVA) Tool



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: _____

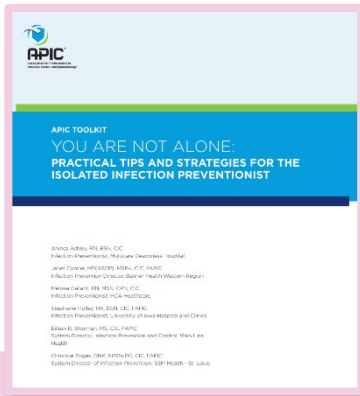
Sharing Information with the Leadership Team

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

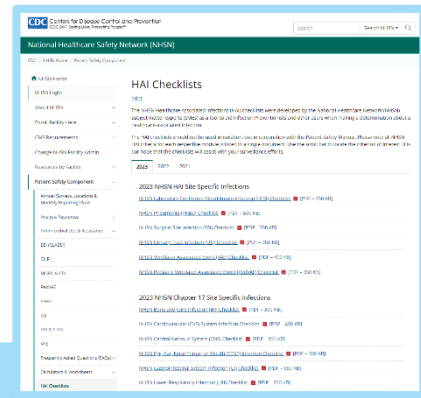
Other: _____



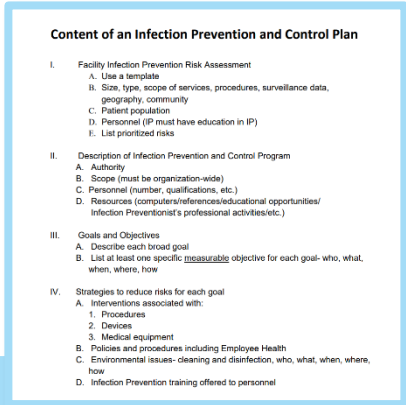
Additional Resources



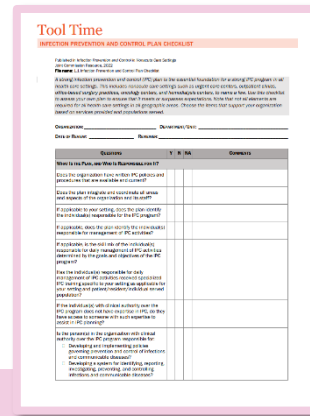
Toolkit for Isolated Infection Preventionists



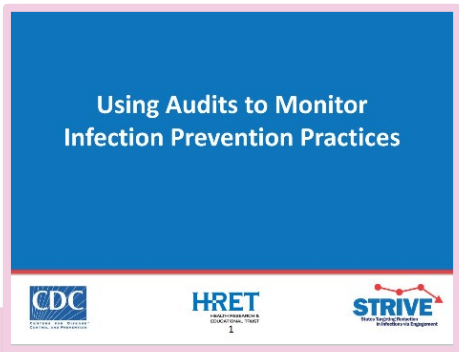
HAI Checklists



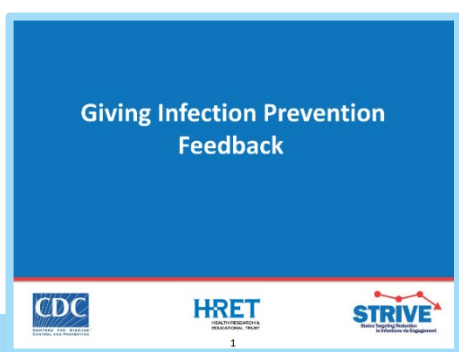
Content of an Infection Prevention and Control Plan



Infection Prevention and Control Plan Checklist



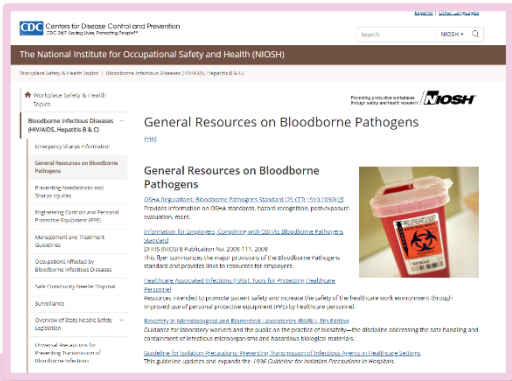
Using Audits to Monitor IP Practices



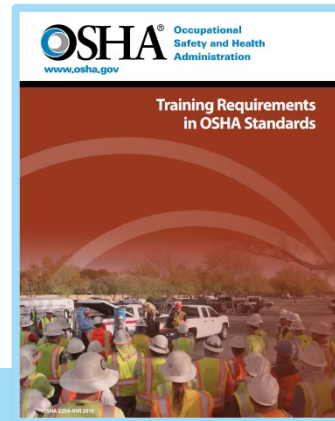
Giving Infection Prevention Feedback



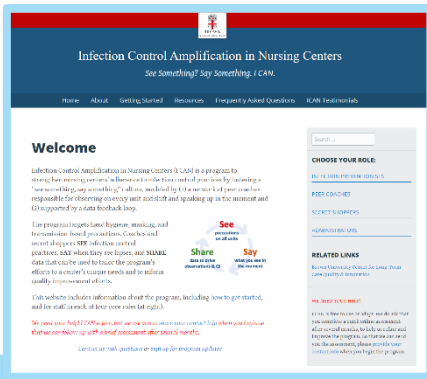
Additional Resources



General Resources on Bloodborne Pathogens



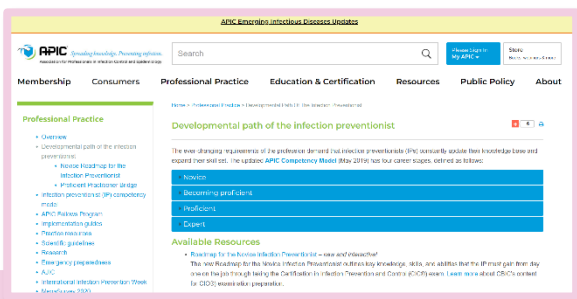
Training Requirements in OSHA Standards



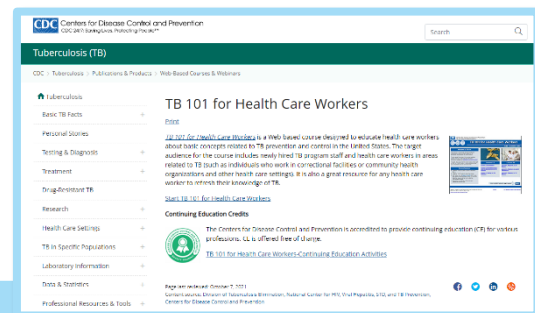
Infection Control Amplification in Nursing Centers



SHEA/CDC Outbreak Response Training Program



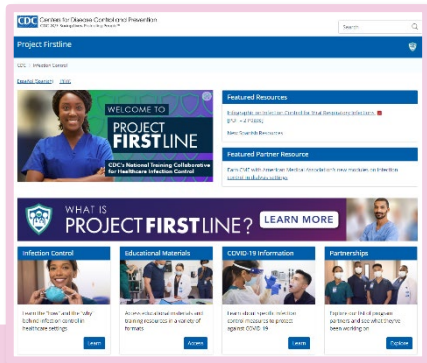
Developmental Path of the Infection Preventionist



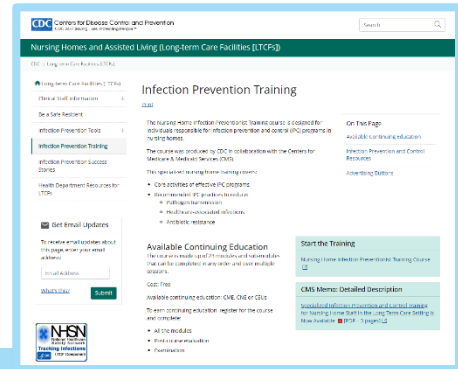
TB 101 for Health Care Workers



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