**Topic Area: SAFE VISITATION INFECTION CONTROL AND PREVENTION**

*Visit the* [*HQIN Resource Center*](https://hqin.org/resource/action-plan-templates/) *to access additional action plan templates on topics including infection control, vaccination and hand hygiene.*

**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 Worksheet](https://hqin.org/resource/five-whys-worksheet/), [QAPI Fishbone Diagram](https://hqin.org/resource/qapi-fishbone-diagram/), Cause & Effect Diagram)
* Conduct a [Plan-Do-Study-Act (PDSA)](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhqin.org%2Fwp-content%2Fuploads%2F2021%2F03%2FPDSA-Worksheet-508.pdf&data=05%7C01%7Clfinch%40hqi.solutions%7C62686d1b484f4cbb5aee08dbf123fc86%7Cd2798d0f9fe24eacbdf166c9890342c9%7C0%7C0%7C638368909098562408%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=9PuwxE9Onb6eeea7k3%2F1l1pedMpNVeGv7F04o%2F7XkTM%3D&reserved=0) to test intervention, review results and adjust actions needed

**Identify Infection Prevention and Control Gaps & Areas of Opportunity:**

* [CDC’s Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings](https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html)
* Review previous survey findings, federal and state regulations and CDC updates for long-term care facilities
* Check [CMS Quality Safety & Oversight (QSO) memos](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

The sample RCA, actions, interventions, best practices and metrics illustrated here to address identified infection prevention areas of opportunity are solely intended as example guidance. Your team should perform an infection prevention gap analysis/risk assessment and build a customized action plan to best meet the needs of your specific organization and community.

**1**

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

**2**

| **Project Start/ Completion Date** | **Specific Actions & Interventions** | **Person/Team Responsible**  *\*Include QAPI Committee* | **Ongoing Monitoring & Surveillance** | **Resources & Additional Comments** |
| --- | --- | --- | --- | --- |
|  | * Form a team that includes, at a minimum, facility leadership, medical director and infection preventionist, to develop a Safe Visitation Plan | Administrator, Director of Nursing, Medical Director, Infection Preventionist  **3** |  |  |
|  | * Include indoor visitation with and without outbreak, outdoor visitation and compassionate care visits in the Safe Visitation Plan * Update any related policies and procedures that support the facility’s Safe Visitation Plan   **4** | Administrator, Director of Nursing, Infection Preventionist | Check local, state and federal guidance to ensure P&Ps are current and accurate (weekly during pandemic) | * [Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.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 the Core Principles of COVID-19 Infection Prevention | Administrator, Director of Nursing, Infection Preventionist |  | **Core Principles:**   * Actively or passively screen all who enter the facility for signs and symptoms of COVID-19 and ask that they defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation for those with signs and symptoms or those who have had close contact with someone testing positive for COVID-19 in the prior 10 days (regardless of vaccination status) * Hand hygiene * Use of face coverings or masks for visitors and residents, per CDC guidance * Physical distancing, per CDC guidance * Instructional signage throughout the facility with proper visitation education on COVID-19 signs and symptoms, infection control precautions and other applicable facility practices * Cleaning and disinfecting frequently touched surfaces and designated visitation areas after each visit   **4**   * Appropriate use of personal protective equipment (PPE) by staff * Effective cohorting of residents in separate areas dedicated for COVID-19 care * Resident and staff testing conducted as recommended by state and federal orders or regulations * [Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html" \l "r3) |
| **5** | * Display instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, applicable facility practices, etc. | Administrator, Director of Nursing, Infection Preventionist |  | * Add contact information for questions, improve visibility * Add messaging in alternate languages, if relevant * [Masking 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) * [Nursing Home Visitation - COVID-19 Ref: QSO-20-39-NH](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf) |
| **5** | * 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, Director of Nursing, Infection Preventionist  Administrator, Department Managers  Administrator, Environmental Services, Central Supply | Create shift log reviewed by administration daily; weekly review by infection preventionist 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, Director of Nursing, Infection Preventionist | Determine audit schedule to monitor interventions/  improvement |  |
|  | * Determine baseline compliance rates for visitor source control (masking) | Administrator, Director of Nursing, Infection Preventionist |  |  |
|  | * Audit visitor source control (masking) compliance weekly, 15-20 per week for 8 weeks, or until goal is met and sustained for 6 weeks * Report weekly data to HQI | Administrator, Director of Nursing, Infection Preventionist or designee |  |  |
|  | * Train staff on the Safe Visitation Plan and infection prevention and control (HH, PPE required, screening) | Administrator, Infection Preventionist, Director of Nursing, Department Heads  **6** | Train additional back-up personnel in case of staff turnover or illness | * [Checklist of Best Practices to Keep Infectious Diseases from Spreading in Nursing Homes (HQIN)](https://hqin.org/wp-content/uploads/2023/05/Checklist-of-Best-Practices-to-Keep-IDs-from-NHs.pdf) * [Targeted COVID-19 Training for](https://qsep.cms.gov/welcome.aspx) Nursing Homes [Note: This training requires logging in to the Quality, Safety & Education Portal (QSEP)] |
|  | * If applicable, develop a visitor testing plan that includes the testing process, tracking results and supply management | Administrator, Medical Director, Director of Nursing, Infection Preventionist  **5** |  | * 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, Infection Preventionist, Environmental Services |  | **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, Infection Preventionist  **7** | 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 | 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) |
|  | * Download and distribute recommended resources from the [Health Quality Innovation Network Resource Center](https://hqin.org/resources/) (Copy and paste resource titles in the search bar at the top right side of the page) |  |  | * [Vaccine Hesitancy/Misinformation Resources](https://hqin.org/resource/vaccine-hesitancy-misinformation-resources/) * [Your Health Can't Wait, Vaccinate! Resources](https://hqin.org/resource/your-health-cant-wait-vaccinate-resources/) * [Bulletin Board Bundles](https://hqin.org/resource/bulletin-board-bundles/) * [Safe Visitation in Nursing Homes](https://hqin.org/resource/safe-visitation-in-nursing-homes/) * [Visitation Plan Guidelines](https://hqin.org/resource/visitation-plan-guidelines/) * [Visitation Guidance Poster for Hospitals and Nursing Homes](https://hqin.org/resource/visitation-guidance-to-protect-nursing-home-residents-poster/) |

**8**

**8**

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-0769-04/16/24