**Topic Area: INFECTION CONTROL SURVEILLANCE**

*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://hqin.org/wp-content/uploads/2020/07/PDSA-Worksheet-508.pdf) 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/healthcare-associated-infections/php/toolkit/icar.html?CDC_AAref_Val=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**

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| **Area of Opportunity** |
| Surveillance tracking and analysis is done inconsistently and facility is unable to recognize a pattern of outbreak timely |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan) -*See examples below-*** |
| 1. Infection preventionist has multiple roles within the facility and has decided to do surveillance retrospectively at the end of the month instead of daily or weekly. There is no back-up person to the IP. |
| 1. The facility surveillance plan with associated procedures is incomplete and baseline data is missing. |
| 1. Inconsistent surveillance by front-line staff as no standardized decision tool for each infection type is utilized by nursing to observe, report, monitor, request labs, etc. |
|  |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Demonstrate 100% compliance with infection control surveillance by [SPECIFIC DATE] |

**2**

| **Project Start/ Completion Date** | **Specific Actions & Interventions** | **Person/Team Responsible**  *\*Include QAPI Committee* | **Ongoing Monitoring & Surveillance** | **Resources & Additional Comments** |
| --- | --- | --- | --- | --- |
|  | * Review infection control surveillance policy and procedures and update if needed | Administrator, Director of Nursing, Infection Preventionist, Medical Director  **3** | Update surveillance P&Ps annually and as needed | **Ensure P&Ps are evidence-based and current (e.g., local and state health department updates, CDC guidelines, NHSN definitions, APIC, SHEA).**   * [Infection Prevention and Long-term Care Facility Residents | LTCFs | CDC](https://www.cdc.gov/long-term-care-facilities/about/?CDC_AAref_Val=https://www.cdc.gov/longtermcare/resources/index.html) * [Nursing Home Infection Preventionist Training Course: Module 4 – Infection Surveillance](https://www.train.org/cdctrain/course/1081802/) * [Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) * [National Healthcare Safety Network (NHSN) Long-term Care Facility Component (LTCF) Training | CDC](https://www.cdc.gov/nhsn/training/ltc/index.html) |
|  | * Develop tool to monitor, track/trend surveillance   **4** | Administrator, Director of Nursing, Infection Preventionist |  | * [Revised McGeer Criteria for Infection Surveillance Checklist](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fasap.nebraskamed.com%2Fwp-content%2Fuploads%2Fsites%2F3%2F2017%2F07%2FRevised-McGeer-criteria-for-infection-surveillance-checklist.docx&wdOrigin=BROWSELINK) |
|  | * Audit surveillance data collection and analysis | Director of Nursing, Infection Preventionist |  |  |
|  | * Determine baseline compliance rate | QAPI Team |  |  |
| **4** | * Develop system of surveillance with plan and data collection tools for process and outcome surveillance monitoring * Plan to include system to follow up on clinical information/lab tests when residents are transferred to hospitals with a suspected infection | Director of Nursing, Infection Preventionist |  |  |
| **5** | * Establish system to ensure IP is notified when lab reports for CDI, coronavirus, new or unknown organisms and antibiotic organisms are reported by lab | Director of Nursing, Infection Preventionist |  |  |
|  | * Develop plan to ensure continuity of timely surveillance monitoring, including NHSN reporting * Ensure facility conveys NHSN rights to required healthcare partners (e.g., health department, QIO) | Director of Nursing, Infection Preventionist, Administrator |  | * [National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) Component | CDC](https://www.cdc.gov/nhsn/LTC/index.html) |
|  | * Develop detailed plan for outbreak response (24-7/365) including definition, procedures for containment and a list of pathogens or symptoms for which monitoring is performed * Ensure a contact list is included in the plan (local/state health department, facility leadership) | Director of Nursing, Infection Preventionist, Medical Director |  |  |
|  | * Educate nursing staff on recognition and prompt reporting of signs/symptoms of potential infection and use decision tools to guide nurses in next steps | Director of Nursing, Infection Preventionist, Staff Development |  | * [Targeted COVID-19 Training for](https://qsep.cms.gov/welcome.aspx) Nursing Homes [Note: This no-cost training requires logging in to the Quality, Safety & Education Portal (QSEP)] |
|  | * Establish mechanism to ensure on-coming staff each shift are aware of new and existing resident infection status   **5** | Director of Nursing, Infection Preventionist |  |  |
|  | * Determine baseline rate for infections and review monthly changes and trends   *\*This is not the same as determining a baseline for compliance with surveillance activities* | Infection Preventionist, QAPI Team  **5** |  | * [Nursing Home Infection Preventionist Training | LTCFs | CDC](https://www.cdc.gov/long-term-care-facilities/hcp/training/?CDC_AAref_Val=https://www.cdc.gov/longtermcare/training.html) |
|  | * Report findings and compliance at monthly/quarterly QAPI meeting | QAPI Team |  | * [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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**6**

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