**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://hqin.org/resource/plan-do-study-act-worksheet/) 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** |
| Improve visitor compliance with 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 aware of the source control (masking) policy/requirement |
| 1. Not all visitors are consistently compliant with utilizing source control (masking) |
| 1. Facility lacks communication plan to keep visitors informed of outbreak status and infection control measures in place |
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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 [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** | At least annually, review and update during outbreaks | * [Visitation Plan Guidelines | HQIN](https://hqin.org/resource/visitation-plan-guidelines/) * [Visitation Guidance Poster for Hospitals and Nursing Homes | HQIN](https://hqin.org/resource/visitation-guidance-to-protect-nursing-home-residents-poster/) |
|  | * Include indoor visitation with and without outbreak, and outdoor visitation 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) | * [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic | 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) |
| **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/resource/masking-matters/) * [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) |
| **4** | * Ensure adequate supply of PPE and HH station available at entrance | Administrator, Director of Nursing, Infection Preventionist, Environmental Services, Central Supply |  |  |
|  | * 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 | 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 | CDC](https://www.cdc.gov/infection-control/hcp/environmental-control/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html" \t "_blank) * [Options for Evaluating Environmental Cleaning | CDC](https://www.cdc.gov/infection-control/php/evaluating-environmental-cleaning/?CDC_AAref_Val=https://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html) * [List N Disinfectants for Coronavirus (COVID-19)](https://www.epa.gov/coronavirus/list-n-advanced-search-page-disinfectants-coronavirus-covid-19) | EPA * [Coronavirus (COVID-19)](https://www.epa.gov/coronavirus) and Disinfectants | EPA |
|  | * 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  **5** | Weekly check of local, state and federal guidance | * [Introduction to the Patient Notification Toolkit | CDC](https://www.cdc.gov/healthcare-associated-infections/hcp/patient-notification-toolkit/?CDC_AAref_Val=https://www.cdc.gov/injectionsafety/pntoolkit/) |
|  | * 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) |

**8**

**6**

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