

Infection Prevention & Control



NURSING HOMES

Infection Prevention and Control Post-Acute Plan Prioritized Risks, Goals, Strategies, and Implementation

Nursing Home Name: _____

CCN*: _____ Date: _____

Strategies, best practices, and metrics selected to address the infection prevention concerns identified below are intended to be an initial guide only. A nursing home should perform an infection prevention analysis and risk assessment to customize a plan that will best meet the needs of their residents, staff members, and providers.

For each prioritized area of concern, identify goals, strategies, responsible person(s), timeframe, and evaluation of effectiveness.

Area of Concern:

Hand Hygiene Compliance

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
<p>Example:</p> <p>Lack of hand hygiene education and supplies</p> <p>Did not provide annual hand hygiene education</p> <p>Did not follow an established hand hygiene program structure</p>	<ol style="list-style-type: none"> 1. Ensure hand hygiene stations and products are readily accessible to staff members, providers, and residents. 2. Prevent staff/resident exposure and illness. 3. Determine effective means of assuring compliance. <ul style="list-style-type: none"> • Observations • Feedback 4. Provide feedback to staff on a monthly basis and as issues are identified. 5. Prioritize hand hygiene across the facility. <ul style="list-style-type: none"> • New employee orientation, department meetings, and just-in-time education 6. Provide mandatory education and training annually and as necessary (PRN) when concerns are identified. 7. Change culture starting with administration making hand hygiene a priority. 8. Use <i>World Health Organization's Five Moments of Hand Hygiene</i> as guidance. 9. Modify PRN. 	<p>Administration</p> <p>Infection preventionists (IPs)</p> <p>Managers</p> <p>Staff</p>	<p>Implement plan strategies by [date].</p> <p>Monitor and improve processes PRN.</p> <p>Accept hand hygiene program and expectations as standard culture.</p>	<p>Ongoing compliance.</p> <p>Observations with immediate intervention when goal is unmet (See strategies).</p> <p>Report monthly progress to Quality Assurance & Performance Improvement (QAPI) Committee.</p>

Area of Concern:

Isolation and Standard Precautions

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
	<ol style="list-style-type: none"> 1. Ensure personal protective supplies are available for staff use. 2. Follow across the organization the <i>Centers for Disease Control and Prevention (CDC)/ Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Isolation Precautions</i> and evolving mitigation strategies for COVID-19 based on local, state, and national best-practice recommendations. 3. Provide ongoing education and training to new and existing employees and make information readily and easily accessible to staff members. 4. Prevent staff/resident infection exposure and illness. 5. Determine effective means of assuring compliance. <ul style="list-style-type: none"> • Observations • Feedback 6. Change culture. <ul style="list-style-type: none"> • Maintain high awareness • Implement teamwork—remind each other regardless of disciplines (“Dofficer” program) • Encourage accountability 7. Modify PRN. 	<p>IPs</p> <p>Managers</p> <p>Staff</p>	<p>Implement plan strategies by [date].</p> <p>Report monthly to key staff members.</p> <p>Identify areas of concerns and work with managers and staff to address and improve compliance.</p>	<p>Ongoing compliance.</p> <p>Observations with immediate intervention when goal is unmet (see strategies).</p> <p>Report monthly progress to QAPI Committee.</p>

Area of Concern:

Clean/ Disinfect Patient Care Equipment, Clean Patient Environments

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
	<ol style="list-style-type: none"> 1. Standardize policy, cleaning products, and expectations. <ul style="list-style-type: none"> • Assign accountability and frequency for common (high risk) equipment. 2. Educate pertinent staff annually and at hire regarding product use including the importance of dwell times. <ul style="list-style-type: none"> • Update education and training as needed if changes are made to products or guidance is updated (Example: COVID-19). 3. Ensure there is separation between clean and dirty equipment. 4. Ensure cleaning products are readily available to clinical and environmental services staff. 5. Monitor practice and give feedback to managers/staff. 6. Prevent staff/resident infection exposure and illness. 7. Encourage communication between departments so clear accountability of cleaning is understood and applied. 8. Prevent staff/resident infection exposure and illness. 9. Modify PRN. 	<p>IPs</p> <p>Managers</p> <p>Staff</p>	<p>Implement plan strategies by [date].</p> <p>Monitor and improve process PRN.</p> <p>Accept as standard culture.</p>	<p>Ongoing compliance.</p> <p>Observations with immediate intervention when goal is unmet (see strategies).</p> <p>Report monthly progress to QAPI Committee.</p>

Area of Concern:

Pandemic Event (COVID-19 Preparation)

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
	<p>1. Implement CDC COVID-19 control and mitigation strategies.</p> <ul style="list-style-type: none"> Educate annually, at hire, and when guidelines change regarding expectations of care. Monitor compliance with screening residents/visitors/staff for symptoms. Reinforce hand hygiene, transmission-based precautions, cohorting, and other best-practice interventions. Ensure necessary care products are available to staff (personal protective equipment [PPE], cleaning supplies, hand hygiene products, etc.). Reinforce strategies listed throughout this plan. <p>2. Stay informed on current national and international COVID-19 literature and practice.</p> <p>3. See additional detail in COVID-19 mitigation plan. Available on the CDPH Website.</p>	<p>IPs</p> <p>Managers</p> <p>Staff</p>	<p>Implement plan strategies by [date].</p> <p>Monitor and improve processes as needed.</p> <p>Implement fully and accept as standard culture.</p>	<p>Maintain zero new confirmed COVID-19 cases in 2020 as reported to the CDC National Healthcare Safety Network (NHSN).</p> <p>Ongoing compliance on COVID-19 mitigation strategies.</p> <p>Report monthly progress to QAPI Committee.</p>

Area of Concern:

Catheter-Associated Urinary Tract Infections (CAUTIs)

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
	<ol style="list-style-type: none"> Continue education on urinary tract infection (UTI) prevention, issues, and solutions. <ul style="list-style-type: none"> Monitor for compliance with Foley bundle, follow Foley insertion policy, use perineal cleanser appropriately, and use a latex-free Foley catheter product. Re-educate on units PRN. Monitor catheter usage according to Foley bundle. <ul style="list-style-type: none"> Criteria for insertion met Aseptic insertion Daily perineal care with documentation Proper securement and positioning Closed system at all times Empty bag prior to 2000cc Justify need daily Remove as soon as possible Provide timely feedback to staff/clinicians. 	IPs Managers Staff Providers	Implement plan strategies by [date]. Monitor and improve process as needed. Implement fully and accept as standard culture.	Target zero. Ongoing compliance on CAUTI bundle (See strategies). Report monthly progress to QAPI Committee.

Area of Concern:

Clostridioides difficile Infections (CDIs)

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
	<ol style="list-style-type: none"> 1. Monitor for positive labs and ensure prompt patient and staff notification of illness. 2. Ensure appropriate PPE and hand hygiene supplies are available for staff/patient/family use. 3. Increase contact isolation compliance by utilizing the isolation/<i>Clostridioides difficile</i> (<i>C. difficile</i>) bundle algorithm. 4. Assist with the design and implantation of a system-wide cleaning product initiative aimed at improving environmental and patient care equipment cleaning (utilizing a bleach-based cleanser at a 1:10 dilution). 5. Provide recurrent education for staff, patients, and their family members. 6. Provide recurrent education for environmental services staff, if necessary. 7. Involve pharmacy in the management of <i>C. difficile</i> patients so that appropriate treatment regimens are selected every time. This is in the form of automatic culture review and physician consultation. 8. Continue to stay informed on current national and international CDI literature and practice. 	<p>IPs</p> <p>Managers</p> <p>Staff</p> <p>Providers</p> <p>Administration</p>	<p>Continue current program with a focus on improvement each quarter [date].</p> <p>Ensure full implementation of <i>C. difficile</i> bundle.</p> <p>Streamline cleaning, products, and practices.</p> <p>Hold physician consultation with pharmacy staff to ensure appropriate medication and antibiotic selection.</p>	<p>Target zero.</p> <p>Ongoing compliance on CDI bundle (See strategies).</p> <p>Report monthly progress to QAPI.</p>

Area of Concern:

Antibiotic Stewardship

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
	<p>1. Implement the seven Core Elements of Antibiotic Stewardship in Nursing Homes.</p> <ul style="list-style-type: none"> • Collect data on antibiotic use. • Use antibiotic prescribing guidelines or therapeutic formularies. • Restrict use of specific antibiotics. • Communicate antibiotic use information when residents are transferred. • Review cases to assess appropriateness of antibiotic administrations. • Provide feedback to clinicians on antibiotic use and prescribing. • Provide educational resources for improving antibiotic use. <p>2. Continue to stay informed on current national and international antibiotic prescribing recommendations.</p> <p>3. See additional detail in full CDC document.</p>	<p>IPs</p> <p>Managers</p> <p>Staff</p> <p>Providers</p> <p>Pharmacists</p> <p>Leadership</p>	<p>Implement plan strategies by [date].</p> <p>Monitor and improve processes PRN.</p> <p>Implement fully and accept as standard culture.</p>	<p>Present goal is: Implement the seven Core Elements of Antibiotic Stewardship in Nursing Homes.</p> <p>Elements 1, 2, and 3 by [target date].</p> <p>Elements 4 and 5 by [target date].</p> <p>Elements 6 and 7 by [target date].</p> <p>Report monthly progress to QAPI Committee.</p>

Area of Concern:
Vaccination

Root Cause	Strategies	Implementation		Goals
Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance
	<p>1. Ensure staff and residents are offered vaccination per local, state, and federal guidelines.</p> <ul style="list-style-type: none"> Assess and document healthcare worker and resident vaccination status (flu/pneumonia). Prevent staff/resident infection exposure and illness. Educate staff and residents on risks and benefits of vaccination. Offer vaccination. Require healthcare worker/resident to provide proof of vaccination or immunity against specific vaccine preventable disease. <p>2. Stay informed on current national and international vaccination recommendations, especially regarding COVID-19 vaccine development.</p> <p>3. See additional detail in the full Centers for Medicare & Medicaid Services (CMS) document.</p>	<p>IPs</p> <p>Managers</p> <p>Staff</p> <p>Providers</p> <p>Pharmacists</p> <p>Leadership</p>	<p>Implement plan strategies by [date].</p> <p>Monitor and improve process PRN.</p> <p>Implement fully and accept as standard culture.</p>	<p>Present goal is: Implement primary vaccination recommendations.</p> <p>Recommendations 1, 2, and 3 by [target date].</p> <p>Elements 4 and 5 by [target date].</p> <p>Report monthly progress to QAPI Committee.</p>