

# Home Patient Safety Series: Reducing Facility-Associated Infections and Hospitalizations Related to UTI, Sepsis, Pneumonia, and COVID-19



Erica Umeakunne, MSN, MPH, APRN, CIC  
Infection Prevention Specialist

October 19, 2022

 **ALLIANT**  
HEALTH SOLUTIONS

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTER FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

# Erica Umeakunne, MSN, MPH, APRN, CIC

## INFECTION PREVENTION SPECIALIST

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, healthcare administration and public health.

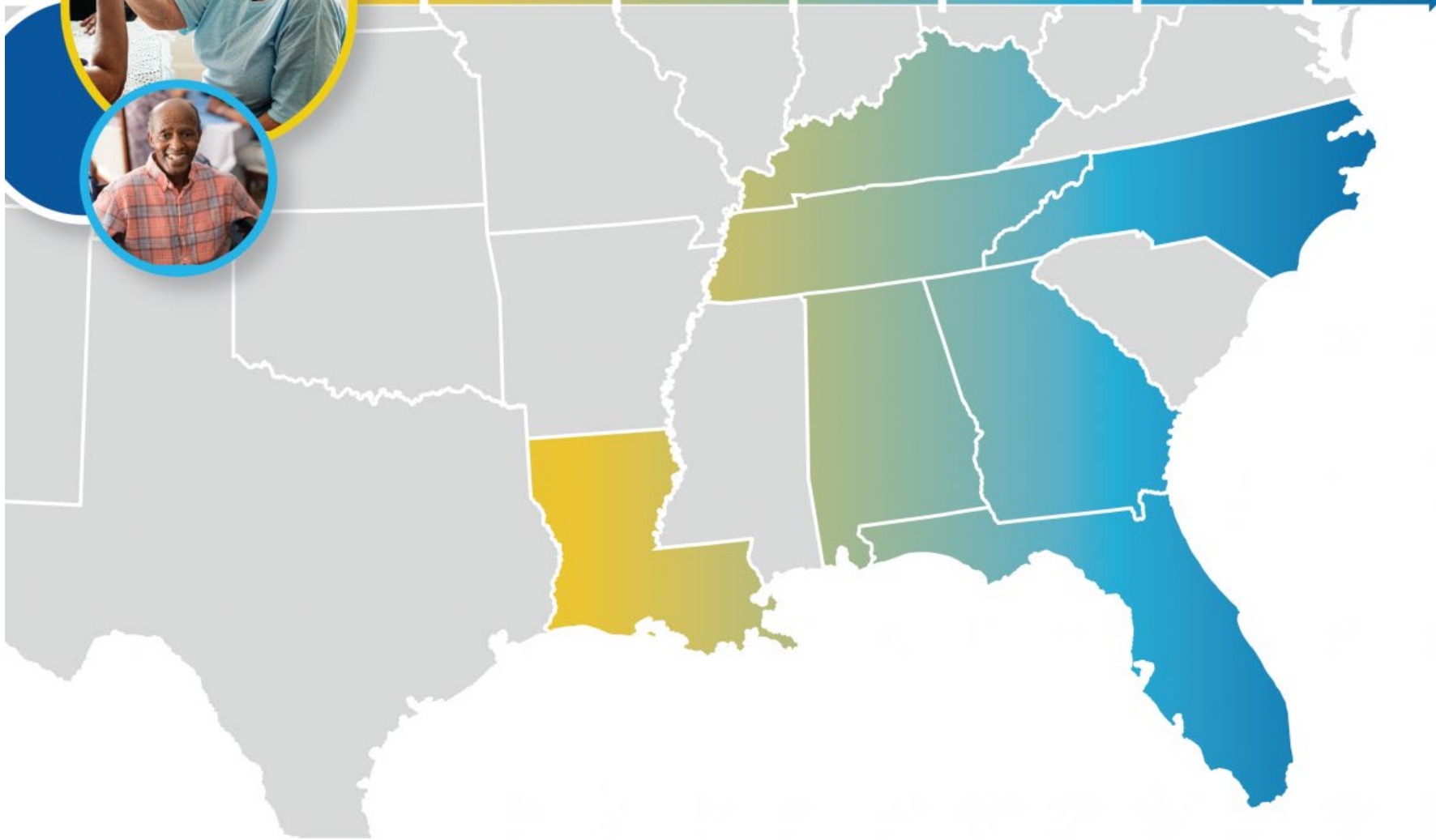
She previously served as the interim hospital epidemiology director for a large health care system in Atlanta and as a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

**Erica enjoys reading, traveling, family time, and outdoor activities.**

**Contact: [Erica.Umeakunne@allianthealth.org](mailto:Erica.Umeakunne@allianthealth.org)**



# Making Health Care Better *Together*




## About Alliant Health Solutions

# Scan the QR codes or Click the Links to Complete the Assessments!

CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging healthcare needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership on each of these key areas to ensure plans are in place to achieve and maintain health quality and equity!

Please scan the QR codes below and complete the assessments.




**COVID-19**

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans

## Nursing Home Emergency Preparedness Program (NH EPP) Self-Assessment



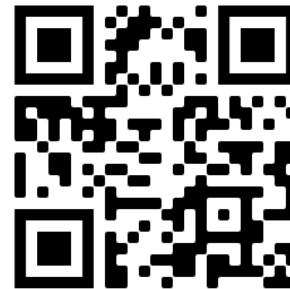
[https://bit.ly/AHS\\_NHEPPAssessment](https://bit.ly/AHS_NHEPPAssessment)




**TRAINING**

Encourage completion of infection control and prevention trainings by front line clinical and management staff

## Nursing Home Infection Prevention (NHIP) Initiative Training Assessment



<https://bit.ly/NHIPAssessment>



**COVID-19**

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans

## Nursing Home Safe Visitor Policy and Cohorting Plan Verification



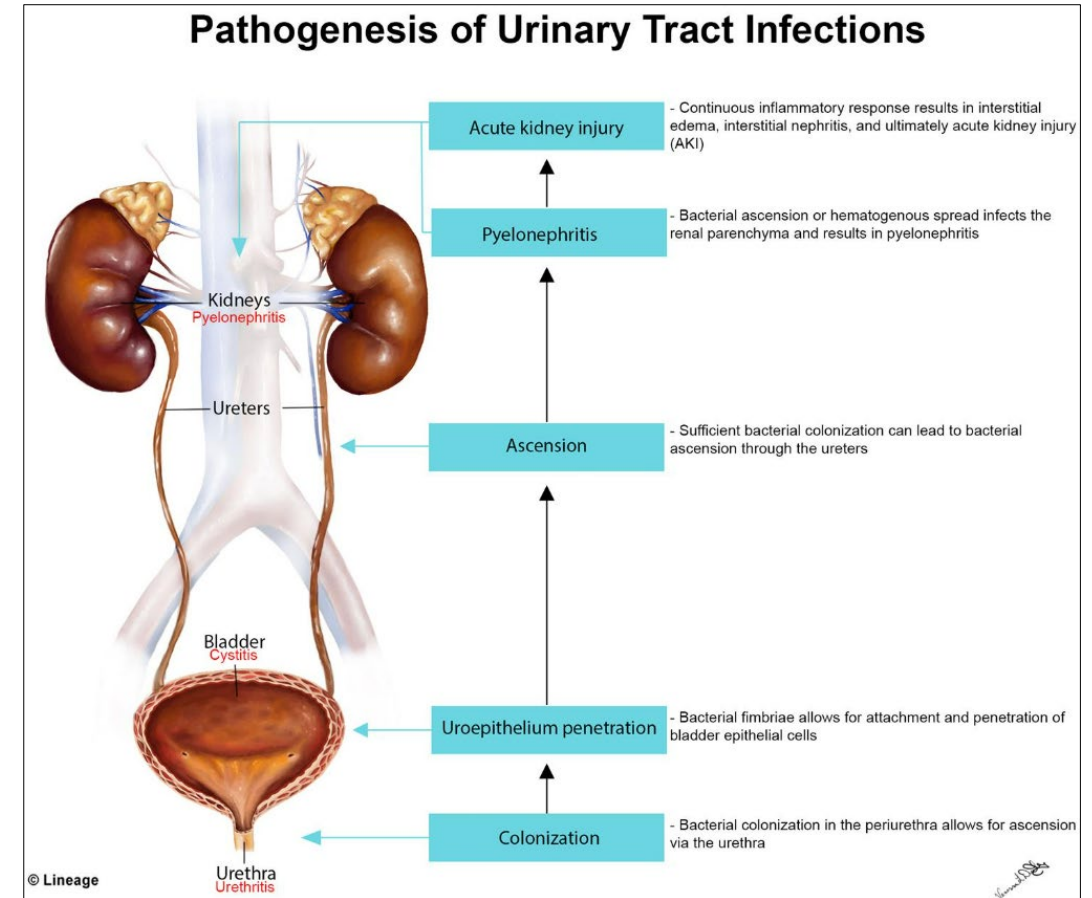
<https://bit.ly/SafeVisitorVerification>

# Objectives

- Describe evidence-based interventions to prevent urinary tract infections (UTIs) in nursing home residents
- Discuss appropriate tests and treatments for UTIs
- Share Alliant Health Solutions quality improvement resources to support UTI prevention initiatives

# Urinary Tract Infections (UTIs)

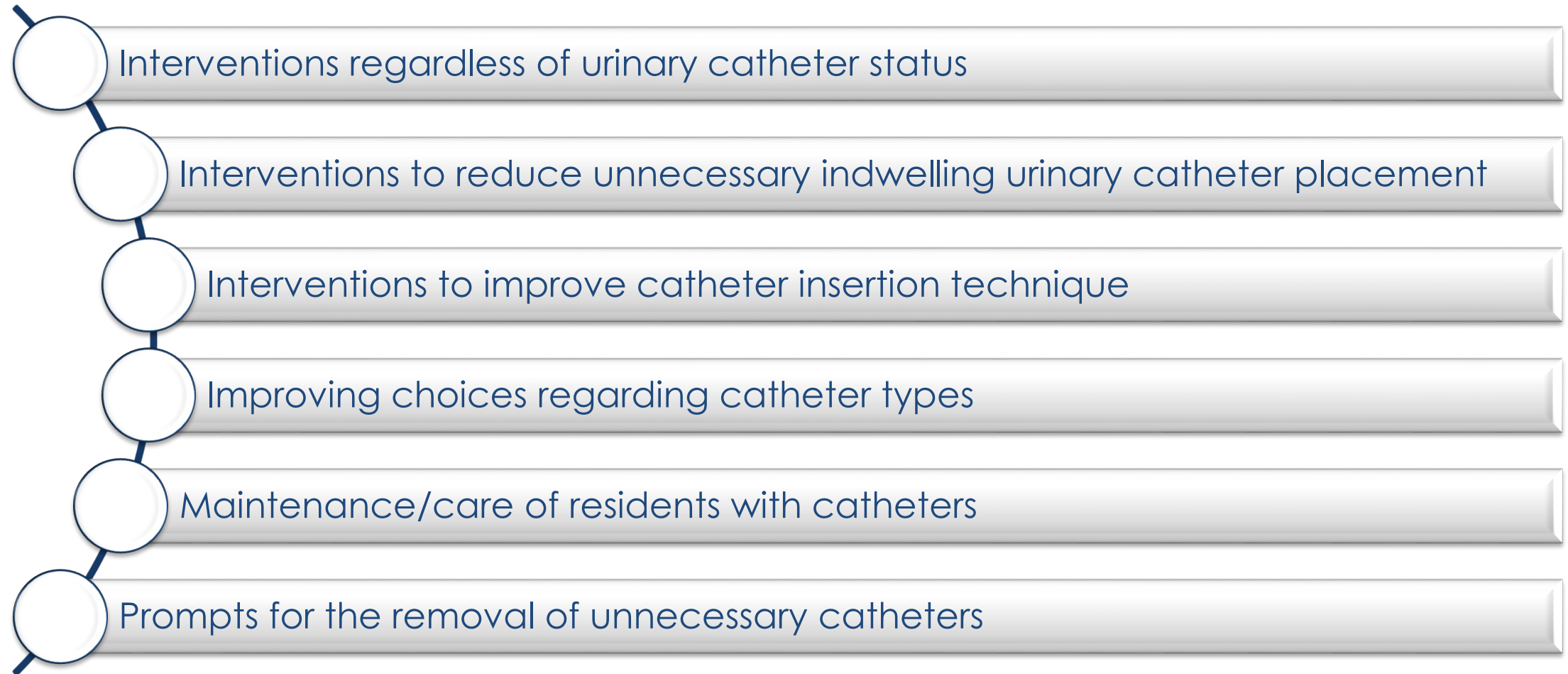
- Most common sites of healthcare-associated infections
  - Accounts for up to 20% of infections reported by long-term care facilities (LTCFs)
- Risk factors for developing bacteriuria and UTI:
  - Age-related changes to the genitourinary tract
  - Comorbid conditions resulting in neurogenic bladder
  - Instrumentation required to manage bladder voiding
- Complications:
  - Cystitis
  - Pyelonephritis
  - Bacteremia
  - Septic shock
  - Declined resident function and mobility
  - Acute care hospitalizations
  - Increased mortality



<https://u.osu.edu/utieducation/pathophysiology-of-uti/>

<https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-manual-508.pdf>

# Systematic Review of Interventions to Reduce Urinary Tract Infections in Nursing Home Residents (2017)



# Interventions for Residents (Regardless of Urinary Catheter Status)

Hand hygiene

Treatment of atrophic vaginitis as UTI prophylaxis

Interventions to improve management of urinary incontinence

Implementation of effective IPC program



# Hand Hygiene Surveillance Resources



[SpeedyAudit](http://www.speedyaudit.com)

**Hand Hygiene Observation Tool - Park Nicollet Methodist Hospital**  
(Use one tool per observation period. Obs. period = 1.5 hours or 8 HH opportunities)

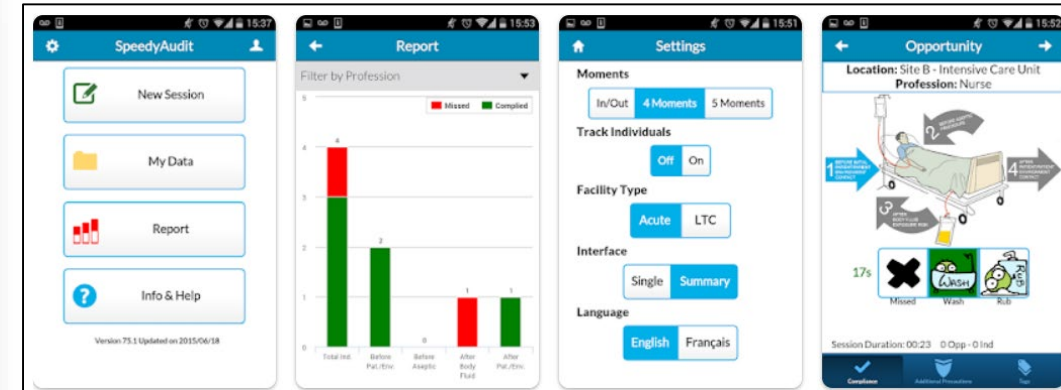
Date \_\_\_\_\_ Your name \_\_\_\_\_  0-30 min  
 31-60 min.  
 61-120 min.

Obs. start time \_\_\_\_\_ Obs. end time \_\_\_\_\_ Total obs. time for this period (check one)

HCW codes	
N = nurse	RT = resp therapy
P = physician	PT = phys therapy
NA = nurse assist	OT = occ. therapy
X = xray	L = lab
U = unknown/other	T = tech
IV = IV therapy	TR = transporter

HH OPPORTUNITY DEFINITIONS:	
<b>After patient care:</b> <i>After pt. contact, immediately between 2 pts., after removing gloves, after contact with patient's environment</i>	<b>Before patient care:</b> <i>Before pt. contact, when moving from desk activities to patient care activities</i>

1.	2.	3.	4.	5.	6.
UNIT/DEPT	HCW CODE (from above)	TYPE OF OPPORTUNITY (Circle after or before)	DID HH OCCUR? (Circle yes or no)	WHAT PRODUCT WAS USED FOR HH? (Circle one)	CHECK BELOW if HH opportunity occurred during care of a PATIENT IN ISOLATION
1.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
2.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
3.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
4.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
5.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
6.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
7.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
8.		After / Before	Yes / No	a. Alcohol hand rub / b. Soap & water	
<b>TOTALS</b>					



## Hand Hygiene

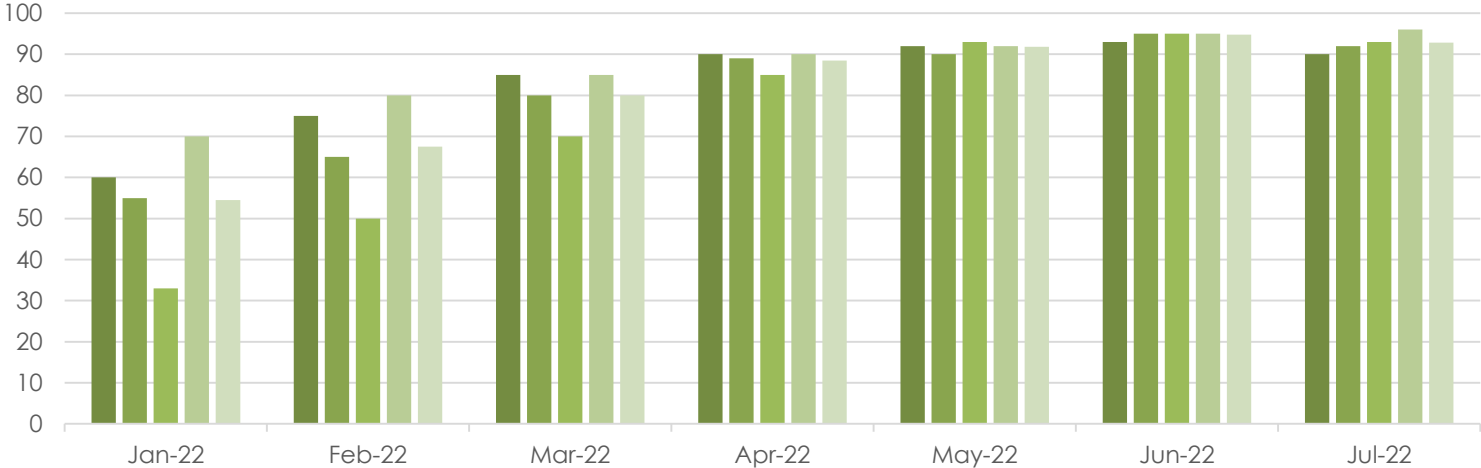
- [Handwash the FROG Way – Badges – English](#)
- [Handwash the FROG Way – Badges – Spanish](#)
- [Handwash the FROG Way – Poster – English](#)
- [Handwash the FROG Way – Poster – Spanish](#)
- [Frequently Asked Questions – Alcohol Based Hand Rub](#)

[https://www.mnhospitals.org/Portals/0/Documents/ptsafety/ControllingCDI/5b\\_Controlling%20CDI%20Park%20Nicollet%20Methodist%20Hospital%20Hand%20Hygiene%20Auditing%20Tool.pdf](https://www.mnhospitals.org/Portals/0/Documents/ptsafety/ControllingCDI/5b_Controlling%20CDI%20Park%20Nicollet%20Methodist%20Hospital%20Hand%20Hygiene%20Auditing%20Tool.pdf)

<https://quality.allianthealth.org/topic/infection-control/>

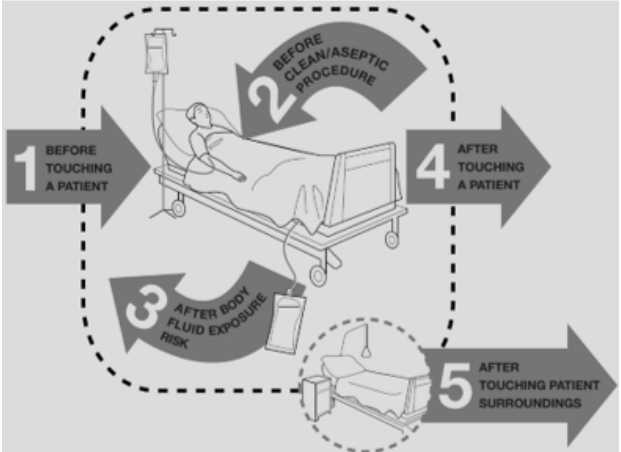
# Hand Hygiene Surveillance and Reporting

Hand Hygiene Compliance (%)



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
North Wing	60	75	85	90	92	93	90
South Wing	55	65	80	89	90	95	92
East Wing	33	50	70	85	93	95	93
West Wing	70	80	85	90	92	95	96
Facility Wide	54.5	67.5	80	88.5	91.8	94.8	92.8

■ North Wing ■ South Wing ■ East Wing ■ West Wing ■ Facility Wide



<https://www.cdc.gov/handhygiene/providers/guideline.html>

# Interventions to Reduce Unnecessary Indwelling Urinary Catheter Placement

Education regarding hazards of urinary catheters

Education and/or policies regarding appropriate indications for indwelling catheters


Requiring physician order with appropriate indication prior to indwelling catheter placement

Requiring documentation of who inserted catheters with indication for placement

Education and supplies for alternatives to indwelling catheters

Urinary retention protocols for intermittent straight catheterization (ICS) and/or bladder scan

# Communication Checklist: Suspected UTIs

 <b>Communication Checklist: Signs and Symptoms Associated with Suspected Urinary Tract Infections (UTIs)</b>	
<p>This tool can:</p> <ul style="list-style-type: none"> <li>Provide a framework for change in condition communication when signs and symptoms of UTIs are identified.</li> <li>Prepare for change in communication conversations.</li> <li>Be modified to include facility specific prompts or UTI prevention strategies.</li> </ul>	
SBAR Prompts	Notes
Altered mental status: mental status is different than baseline	Baseline: Current signs/symptoms: Date or hour changes first identified:
Current vital signs	Temp: _____ Route: _____ Baseline Temp: _____ B/P: _____ Pulse: _____ RR: _____
Patient has documented goals of care related to antibiotic use	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:
Patient has a diagnosis of advanced dementia and is unable to report or validate symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Observation of signs or symptoms of distress (e.g., agitation, new refusal of care or number of staff needed to provide care)	Briefly describe signs or symptoms: Frequency signs or symptoms are observed: Date or hour symptoms first observed:
Patient has started new medications within the past seven days	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name of Medication: _____ dose: _____ date started: _____ Name of Medication: _____ dose: _____ date started: _____ Name of Medication: _____ dose: _____ date started: _____
Change in eating or drinking patterns or level of assistance from the patient's norm (e.g., was eating independently with a set-up, but now requiring encouragement or spoon-feeding)	Briefly describe change:
Clinical signs/symptoms	Check all that apply: <input type="checkbox"/> Painful urination (dysuria) <input type="checkbox"/> Lower abdominal (suprapubic) pain or tenderness <input type="checkbox"/> Low back pain (costovertebral angle pain) or tenderness <input type="checkbox"/> Visible blood in urine <input type="checkbox"/> New or worsening urinary urgency, frequency or incontinence

Continued on next page

Patient has history of urinary symptoms and urinary tract infections	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date of most recent episode: _____ Number of episodes in last x months: _____ What did the prior culture grow? _____ What did the susceptibilities show? _____
Patient has history of MDROs	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date of most recent treatment: _____ Organism: _____
Patient is currently receiving dialysis	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type: <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Does the patient have any urine output? Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient has an indwelling catheter? How often changed? Diagnoses? Due for change?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diagnosis for indwelling catheter: _____ Date of most recent catheter change: _____
Request initiation of facility hydration protocol. (e.g., encourage _____ fluids x _____ HRS and monitor for a change. Send a urine specimen if change in baseline temp over 2.0 degrees or change in urine)	
Request order to send urine specimen via straight catheterization or clean catch	
If antibiotic ordered, request a review of antibiotic order when microbiology specimen results are ready (e.g., three days from order date)	



Resources:

AHRQ Suspected UTI SBAR Toolkit:  
<https://www.ahrq.gov/nhguidetoolkits/determine-whether-to-treat/toolkit-suspected-uti-sbar.html>

Interact® 4.5 Symptoms of UTI Care Path:  
<https://pathway-interact.com/tools/>

SBAR Tool: Guidelines + Worksheet:  
[http://forms.ihl.org/tools/sbar-toolkit?utm\\_referrer=http%3A%2F%2Fwww.ihl.org%2F](http://forms.ihl.org/tools/sbar-toolkit?utm_referrer=http%3A%2F%2Fwww.ihl.org%2F)

This material was prepared by Alliant Health Solutions, 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. Publication No. 2509W-AMS. T01-NH-973-10/06/21


  
quality.allianthealth.org

- Provides a framework for change in condition communication when signs/symptoms of UTI identified
- Helps nursing home staff and prescribing clinicians communicate about suspected UTIs and facilitates appropriate antibiotic prescribing
- [Agency for Healthcare Research & Quality \(AHRQ Toolkit\)](#) includes:
  - Suspected UTI SBAR form
  - A clinician letter
  - Not All "Infections" Need Antibiotics*
  - Urinalysis and UTIs: Improving Care

[https://quality.allianthealth.org/wp-content/uploads/2021/10/Communication-Checklist\\_-\\_Signs-and-Symptoms-Associated-with-Suspected-Urinary-Tract-Infections-UTIs.pdf](https://quality.allianthealth.org/wp-content/uploads/2021/10/Communication-Checklist_-_Signs-and-Symptoms-Associated-with-Suspected-Urinary-Tract-Infections-UTIs.pdf)

# Interventions To Improve Catheter Insertion Technique

---

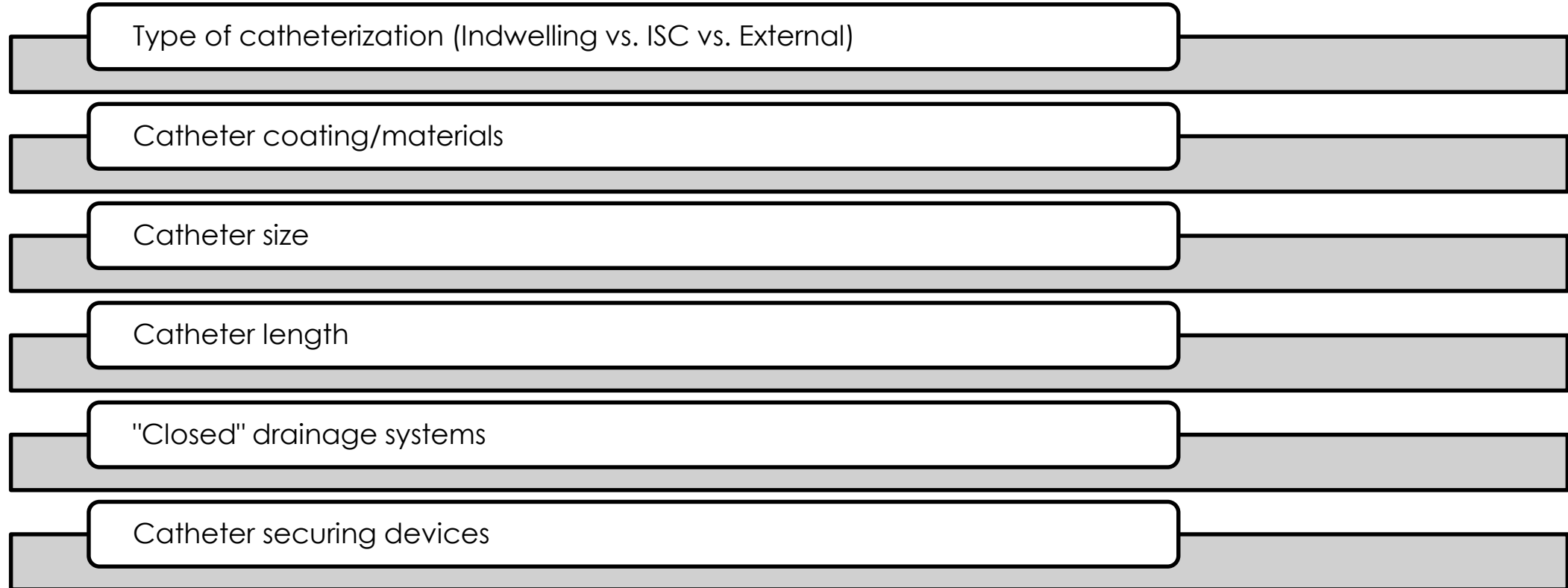
Education for aseptic insertion of indwelling catheters

Hands-on training/competency assessments regarding aseptic indwelling catheter insertion

Options regarding intermittent catheterization

Standardizing catheter placement supplies/kit

# Improving Choices Regarding Catheter Types



# Maintenance/Care of Residents With Catheters

Hand hygiene

Use of appropriate Personal Protective Equipment (PPE) during catheter/bag care

Keeping drainage bag below bladder

Avoid equipment sharing between catheterized patients

*Spatial separation of catheterized patients\**

*Bacterial interference interventions\**



## Urinary Catheter: Observation

2

**Instructions:** Observe patients with urinary catheters in place. Observe each practice and record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

Urinary catheter: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the catheter properly secured to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Is there unobstructed flow from the catheter into the bag?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Is the collection bag below the level of the bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are the bag and tubing off of the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total YES and TOTAL OBSERVED							

[https://quality.allianthealth.org/media\\_library/urinary-catheter-quick-observation-tool/](https://quality.allianthealth.org/media_library/urinary-catheter-quick-observation-tool/)



## Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Strategies

A gap analysis is a tool used to assess the difference between actual practice and expected performance. It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on if a policy is in place, as practice can vary from policy.

**CORE** Prevention Strategies = Strategies that should always be in place.

**ENHANCED** Prevention Strategies = Strategies to be considered in addition to core strategies when:

- There is evidence that the core strategies are being implemented and adhered to consistently.
- There is evidence that CAUTI rates are not decreasing.

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
<b>Patient and Family Education</b>			
1a) The patient and family have been educated about their urinary catheter, such as symptoms of a urinary tract infection, catheter care, and what the patient and family can do to help prevent an infection [4]. · If Patient and Family Advisory Committee available, consider having them review educational materials prior to publication	<input type="checkbox"/>	<input type="checkbox"/>	
1b) If the patient is to be discharged with an indwelling catheter in place, the patient and family have been educated on how to care for the catheter and symptoms of infection, using teach back method to ensure patient's understanding.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Appropriate Catheter Use</b>			
2a) The facility has a process in place to insert urinary catheters only when necessary, following CDC/HICPAC indications for urinary catheter insertion and use [1,3,4].	<input type="checkbox"/>	<input type="checkbox"/>	
2b) Include insertion criteria into urinary catheter order process [1]. · Utilize the electronic health record to hard wire insertion criteria into order.	<input type="checkbox"/>	<input type="checkbox"/>	
2c) The facility has a process in place to consider the use of alternatives to urinary catheter placement, including [1-4]: · Use of condom catheters · Straight catheterization · Use of external female catheters	<input type="checkbox"/>	<input type="checkbox"/>	
2d) The facility uses a portable ultrasound device to assess the patient's urine volume to reduce unnecessary catheter insertions prior to making a decision regarding catheter placement [2-4].	<input type="checkbox"/>	<input type="checkbox"/>	
<b>The facility's indwelling catheter placement practices include the following indications for appropriate placement [1-4]:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
2e) Management of acute urinary retention and urinary obstruction (consider use of bladder scanner to assess urinary retention).	<input type="checkbox"/>	<input type="checkbox"/>	
2f) Strict urine output monitoring in critically ill patients (consider alternatives other than indwelling catheters to measure urine output) [1-4].	<input type="checkbox"/>	<input type="checkbox"/>	
2g) Perioperative use for selected surgical procedures such as [1-4]: · GU surgery or other surgery on contiguous structures of the GU tract · Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU) · Patients anticipated to receive large-volume infusions or diuretics during surgery · Need for intraoperative monitoring of urinary output	<input type="checkbox"/>	<input type="checkbox"/>	

# CAUTI Prevention Strategies Resource

- [CAUTI GAP Assessment Tool](#)
- Used to assess the difference between actual practice and expected performance
- Compare best practice guidelines against your currently accepted practices
- CAUTI GAP Analysis Areas:
  - Patient & family education
  - Appropriate catheter use
  - Catheter insertion practices
  - Catheter maintenance practices
  - Urine culturing practices
  - Indwelling catheter removal
  - Documentation
  - Staff education
  - Monitoring & evaluating
  - Infrastructure

[https://quality.allianthealth.org/wp-content/uploads/2021/11/CAUTI-Gap-Assessment-Tool\\_2SOW-AHS-TO3-HQIC-1058-10.29.21.pdf](https://quality.allianthealth.org/wp-content/uploads/2021/11/CAUTI-Gap-Assessment-Tool_2SOW-AHS-TO3-HQIC-1058-10.29.21.pdf)

# Prompting Removal of Unnecessary Catheters

---

Trial removal of indwelling catheters present on admission

Urinary catheter reminders for staff

Urinary catheter stop-orders

# When To Test for UTI?

Symptom of UTI – Order Urine Test	Not a Symptom of UTI – No Urine Test
<ul style="list-style-type: none"><li>✓ Pain or burning with urination</li><li>✓ Pain in the lower belly</li><li>✓ Pain in the sides and low back</li><li>✓ New or sudden urine leakage</li><li>✓ Strong urge to urinate often</li><li>✓ Fever</li><li>✓ Blood in the urine that is new</li></ul>	<ul style="list-style-type: none"><li>✓ Foul or strong urine odor</li><li>✓ Confusion, irritability or change in behavior</li><li>✓ Loss of balance</li><li>✓ New onset of falls</li><li>✓ Cloudy or dark urine</li><li>✓ Poor appetite</li><li>✓ Long standing incontinence</li></ul>

[https://quality.allianthealth.org/wp-content/uploads/2020/02/UTI-Flyer\\_12SOW-AHSQIN-QIO-TO1-20-66\\_508.pdf](https://quality.allianthealth.org/wp-content/uploads/2020/02/UTI-Flyer_12SOW-AHSQIN-QIO-TO1-20-66_508.pdf)

<https://www.idsociety.org/practice-guideline/asymptomatic-bacteriuria/>

# Loeb Minimum Criteria

Suspected Infection Syndrome	Minimum Criteria for Starting Antibiotic Therapy						
<b>Urinary tract infection</b> <i>without catheter</i>	Either one of the following criteria <ul style="list-style-type: none"> <li><input type="checkbox"/> Acute dysuria, OR</li> <li><input type="checkbox"/> Temp &gt;37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline, AND                ≥1 of the following new or worsening symptoms               <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Urgency</td> <td style="width: 50%;"><input type="checkbox"/> Frequency</td> </tr> <tr> <td><input type="checkbox"/> Suprapubic pain</td> <td><input type="checkbox"/> Gross hematuria</td> </tr> <tr> <td><input type="checkbox"/> Urinary incontinence</td> <td><input type="checkbox"/> Costovertebral angle tenderness</td> </tr> </table> </li> </ul>	<input type="checkbox"/> Urgency	<input type="checkbox"/> Frequency	<input type="checkbox"/> Suprapubic pain	<input type="checkbox"/> Gross hematuria	<input type="checkbox"/> Urinary incontinence	<input type="checkbox"/> Costovertebral angle tenderness
<input type="checkbox"/> Urgency	<input type="checkbox"/> Frequency						
<input type="checkbox"/> Suprapubic pain	<input type="checkbox"/> Gross hematuria						
<input type="checkbox"/> Urinary incontinence	<input type="checkbox"/> Costovertebral angle tenderness						
<i>with catheter</i>	At least one of the following criteria <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Rigors</td> <td style="width: 50%;"><input type="checkbox"/> Temp &gt;37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline</td> </tr> <tr> <td><input type="checkbox"/> New onset delirium</td> <td><input type="checkbox"/> New costovertebral angle tenderness</td> </tr> </table>	<input type="checkbox"/> Rigors	<input type="checkbox"/> Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline	<input type="checkbox"/> New onset delirium	<input type="checkbox"/> New costovertebral angle tenderness		
<input type="checkbox"/> Rigors	<input type="checkbox"/> Temp >37.9 °C (100 °F) or 1.5 °C (2.4 °F) above baseline						
<input type="checkbox"/> New onset delirium	<input type="checkbox"/> New costovertebral angle tenderness						
<p><i>Note: Residents with intermittent catheterization or condom catheter should be categorized as 'without catheter'</i></p> <p><i>Urine culture should be sent prior to starting antibiotics</i></p> <p><i>Antibiotics should not be started for cloudy or foul smelling urine</i></p>							

<https://www.cidrap.umn.edu/asp/clinicaltools/loeb-minimum-criteria-initiating-antibiotic-checklist>

# Infection Control Resources

## Sepsis

[HQIC Sepsis Gap Assessment and Action Steps](#)  
[HQIC Sepsis: Spot the Signs Magnet](#)  
[HQIC Sepsis Provider Engagement](#)  
[AQ Sepsis-ZoneTool](#)  
[Recognition and Management of Severe Sepsis and Septic Shock](#)

[SHOW MORE](#)

## Catheter Associated Urinary Tract Infection (CAUTI)

[CAUTI Gap Assessment Tool](#)  
[Urinary Catheter Quick Observation Tool](#)  
[CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)  
[AHRQ Toolkit for Reducing CAUTI in Hospitals](#)  
[CDC TAP CAUTI Implementation Guide](#)

[SHOW MORE](#)

## Hand Hygiene

[Handwash the FROG Way – Badges – English](#)  
[Handwash the FROG Way – Badges – Spanish](#)  
[Handwash the FROG Way – Poster – English](#)  
[Handwash the FROG Way – Poster – Spanish](#)  
[Frequently Asked Questions – Alcohol Based Hand Rub](#)

## NHSN

[Joining the Alliant Health Solutions NHSN Group](#)  
[Instructions for Submitting C. difficile Data into NHSN](#)  
[5-Step Enrollment for Long-term Care Facilities](#)  
[CDC's National Healthcare Safety Network \(NHSN\)](#)  
[NHSN Enrollment/ LAN Event Presentation](#)

## Clostridioides Difficile Infection (C. difficile)

[C.difficile Training](#)  
[Nursing Home Training Sessions Introduction](#)  
[Nursing Home C.difficile Infection](#)

## Antibiotic Stewardship

[Antibiotic Stewardship Basics](#)  
[A Field Guide to Antibiotic Stewardship In Outpatient Settings](#)  
[Physician Commitment Letter](#)  
[Be Antibiotics Aware](#)  
[Taking Your Antibiotics](#)

[SHOW MORE](#)

## Training

[Options for Infection Control Training in Nursing Homes](#)  
[Flyer](#)

## COVID-19

[Invest in Trust \(AHRQ Resource for CNA COVID-19 Vaccines\)](#)  
[Nursing Home Staff and Visitor Screening Toolkit – PDF](#)  
[Nursing Home Staff and Visitor Screening Toolkit – Excel](#)

<https://quality.allianthealth.org/topic/infection-control/>

**Questions?**



# Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



## OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



## PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



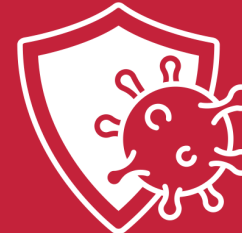
## CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes



## CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



## COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans



## IMMUNIZATION

- Increase influenza, pneumococcal, and COVID-19 vaccination rates




## TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

# Scan the QR codes or Click the Links to Complete the Assessments!

CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging healthcare needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership on each of these key areas to ensure plans are in place to achieve and maintain health quality and equity!

Please scan the QR codes below and complete the assessments.




**COVID-19**

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans

## Nursing Home Emergency Preparedness Program (NH EPP) Self-Assessment



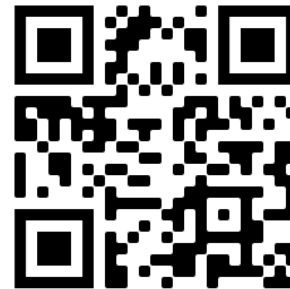
[https://bit.ly/AHS\\_NHEPPAssessment](https://bit.ly/AHS_NHEPPAssessment)




**TRAINING**

Encourage completion of infection control and prevention trainings by front line clinical and management staff

## Nursing Home Infection Prevention (NHIP) Initiative Training Assessment



<https://bit.ly/NHIPAssessment>



**COVID-19**

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans

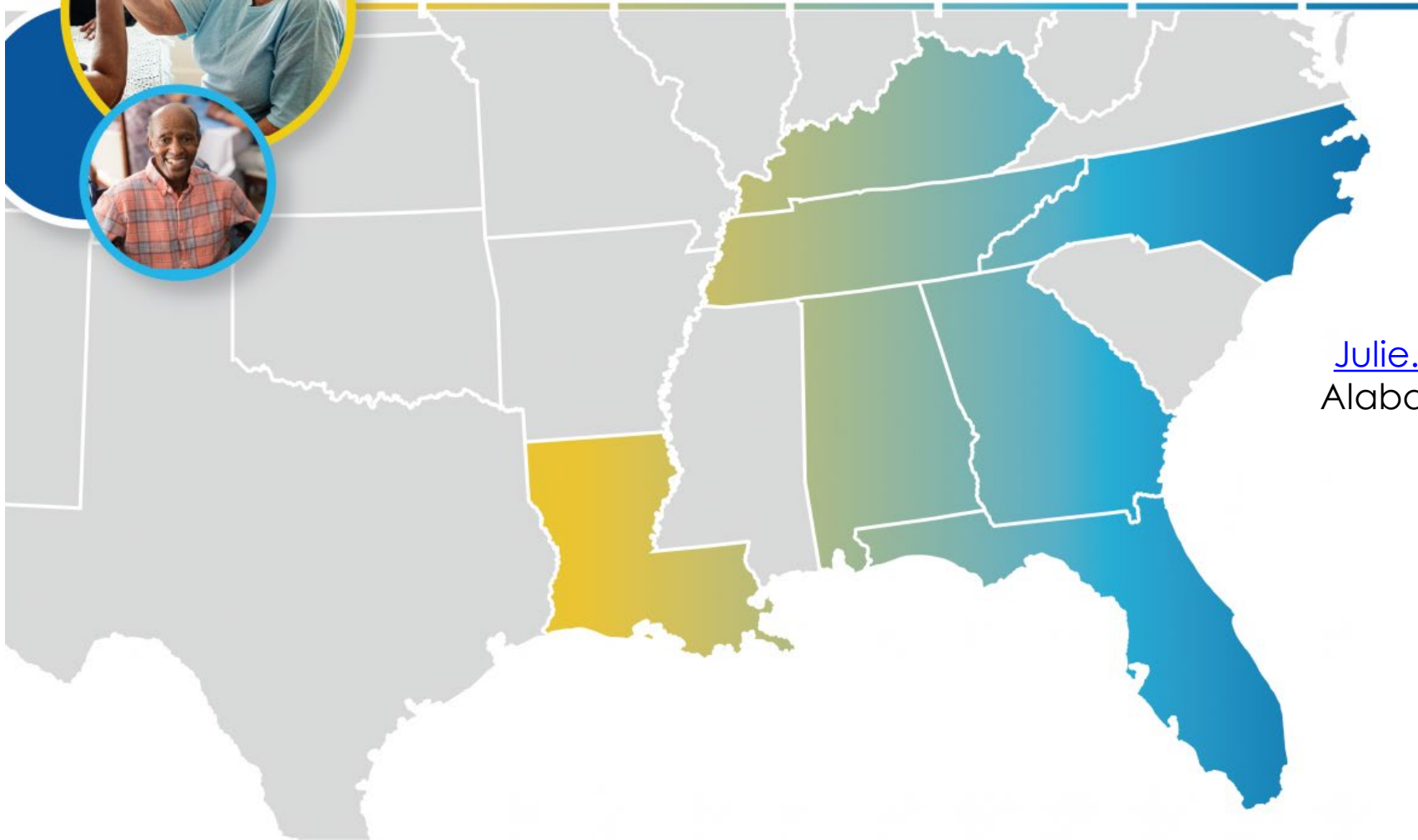
## Nursing Home Safe Visitor Policy and Cohorting Plan Verification



<https://bit.ly/SafeVisitorVerification>

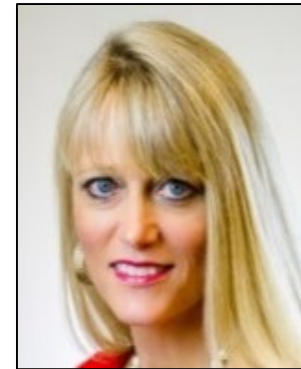


# Making Health Care Better *Together*



Julie Kueker

[Julie.Kueker@AlliantHealth.org](mailto:Julie.Kueker@AlliantHealth.org)  
Alabama, Florida and Louisiana



Leighann Sauls

[Leighann.Sauls@AlliantHealth.org](mailto:Leighann.Sauls@AlliantHealth.org)  
Georgia, Kentucky, North Carolina and Tennessee

## Program Directors

# Making Health Care Better Together



ALABAMA • FLORIDA • GEORGIA • KENTUCKY • LOUISIANA • NORTH CAROLINA • TENNESSEE



@AlliantQIO



Alliant Health Solutions



@AlliantQIO



AlliantQIO

This material was prepared by Alliant Health Solutions, 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. Publication No. 12SOW-AHS-QIN-QIO TO1-NH--2732-10/12/22



QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP