Welcome! We will get started momentarily.

- Using Chat, please enter your name and organization.
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  1. Click on the Chat icon.
  2. Select who you want to send your message to (individual or everyone).
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- Please use Chat to submit questions for our speakers.

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Nursing Home Quality Essentials Spotlight: Infection Prevention

Synergizing Infection Prevention and QAPI for Ongoing Quality Improvement

Tuesday, November 26, 2024

Gina Anderson, RN, BSN | Telligen Program Specialist

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WE'RE BACK!

NURSING HOME QUALITY ESSENTIALS SPOTLIGHT: INFECTION PREVENTION

Tuesdays & Thursdays | 11 a.m. MT / Noon CT

As part of a contract extension from CMS, we're thrilled to relaunch Nursing Home Quality Essentials, focusing on infection prevention and control!

Join us twice a week for engaging 30-minute sessions tailored for long-term care providers. Each session will spotlight a new aspect of infection prevention, with actionable insights and strategies to integrate directly into daily practices.

Topics may include vaccines, healthcare-acquired infections, rehospitalizations, NHSN reporting, health literacy and more — each aimed at enhancing your infection prevention efforts.

SCAN TO REGISTER

or go to
www.telligenqiconnect.com/calendar

Before We Begin

- Be sure to add qiconnect@telligen.com to your trusted list of email contacts
  - If you unsubscribe, you'll miss out on every communication we share
- We're on social media, follow us for updates and events!

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Synergizing Infection Prevention and QAPI for Ongoing Quality Improvement

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Objectives

- Define Quality Assurance and Performance Improvement (QAPI) and synergizing infection prevention improvements
- Explain how data is used to recognize gaps in processes
- Describe mitigation steps for ongoing process improvement

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Synergizing Infection Prevention (IP) and Quality Assessment Performance Improvement (QAPI) for Ongoing Quality Improvement

- Synergizing refers to the process of combining two or more elements, forces or groups in a way that produces a result greater than the sum of their individual effects

- Combine:
  - Infection prevention and QAPI leads to enhanced outcomes
  - Interdisciplinary team (IDT) to work together in a way that their collective skills and efforts produce better results than if they worked independently

As a team consider, how will you synergize the information shared in this presentation to create greater results?

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Quality Assurance and Performance Improvement (QAPI)

What is QAPI?

- A proactive, data-driven approach to improve the **quality of life, care and services** in nursing homes
- Involves **all members** of the organization working together

Identify Opportunities for Improvement	Spot gaps in systems or processes
Develop & Implement Improvement Plans	Create action plans to address identified issues
Monitor Effectiveness	Continuously evaluate the success of interventions
Sustain the Gains	Ensure long-term improvements and maintain progress

QAPI Overview (2.5 min)
QAPI: Making a Difference (9 min)

Poll Question

What assessment/data do you use to annually review the infection prevention and control program? (Select all that apply)

A. IPC audit tool for processes
B. IPC risk assessment
C. Infection Control Assessment and Response (ICAR) tool
D. Regulation compliance audits
E. Survey reports
F. Infection tracking log
G. Infection related adverse events
H. Vaccine tracker
I. Other – share in chat
J. I don't know

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Data Assessments to Inform of Infection Prevention and Control (IPC) Practices

- Telligen's Infection Prevention and Control Rounding Tool
- Telligen's IPC Risk Assessment - assists the facility assessment
- Telligen's Audit Tracking Tool Workbook
- Facility Assessment Tool | qioprogram.org
- Critical Element Pathways (Downloads < Survey Resources)
- CDC Infection Control Assessment and Response (ICAR) Tool
- State health departments conduct **free** ICAR assessments
  - Iowa HHS HAI: email Hai-ar@hhs.iowa.gov
  - Illinois DPH IP Liaison Program
  - Oklahoma DPH: email HAI@health.ok.gov; phone 405-426-8710
  - Colorado DPHE IP Program email: cdphe_covid_infection_prevention@state.co.us

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Components of the Facility Assessment*

§483.71, F838; State Operations Manual Appendix PP

Resident profile	Number of residents and facility capacity Types of care necessary to provide care based on the needs – includes infection control
Facility resources for resident needs	Equipment, supplies, services, third party arrangements, technology
Facility staff	Governing body, licensed personnel, all staff in each department Education, training and competencies – includes infection control (IC)
Infection control	Facility and community risk assessment

*List is not all-inclusive

Facility Assessment Tool | qioprogram.org

QSO-24-13-NH

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What is the IPC Risk Assessment and What Does it Do?

- Living, breathing, moving and adjustable document
- An honest, self-assessment of your facility's IPC program elements
- Acts as an important multidisciplinary team tool
- Forms a foundation for a comprehensive IPC program
- Assists in prioritizing to achieve the outcomes for wanted/needed improvements
- Helps policy evolution as goals and measurable objectives change
- Maintains a solid framework for consistent safety of residents, staff and others

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Telligen's IPC Risk Assessment

- Infection event risks

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				*(What would be the most likely?)*				*(Will new treatment/care be needed for resident/staff?)*				*(Are processes/resources in place to identify/address this event?)*			*(Scores ≥ 8 are considered highest priority for improvement efforts.)*
Score	**High**	**Med.**	**Low**	**None**	**Serious Harm**	**Moderate Harm**	**Temp. Harm**	**None**	**High**	**Med.**	**Low**	**None**	**Poor**	**Fair**	**Good**	
	3	**2**	**1**	**0**	**3**	**2**	**1**	**0**	**3**	**2**	**1**	**0**	**3**	**2**	**1**	
Facility-onset Infections(s)																
Device- or care-related																
Resident-related																
Outbreak-related																

- IPC practice failures risks

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				*(Will this failure directly impact safety?)*				*(Are processes in place to identify this failure?)*			*(Are policies, procedures, and resources available to address this failure?)*			*(Scores ≥ 8 are considered highest priority for improvement efforts.)*
Score	**High**	**Med.**	**Low**	**None**	**High**	**Med.**	**Low**	**None**	**Poor**	**Fair**	**Good**	**Poor**	**Fair**	**Good**	
	3	**2**	**1**	**0**	**3**	**2**	**1**	**0**	**3**	**2**	**1**	**3**	**2**	**1**	
Care activity															
Occupational health															
Resident/visitor health															
Environment															
Medical Devices and Equipment															
Antibiotic Stewardship															

Infection Prevention and Control (IPC) Risk Assessment | Telligen QI Connect

Assess Regulation Compliance for Gaps

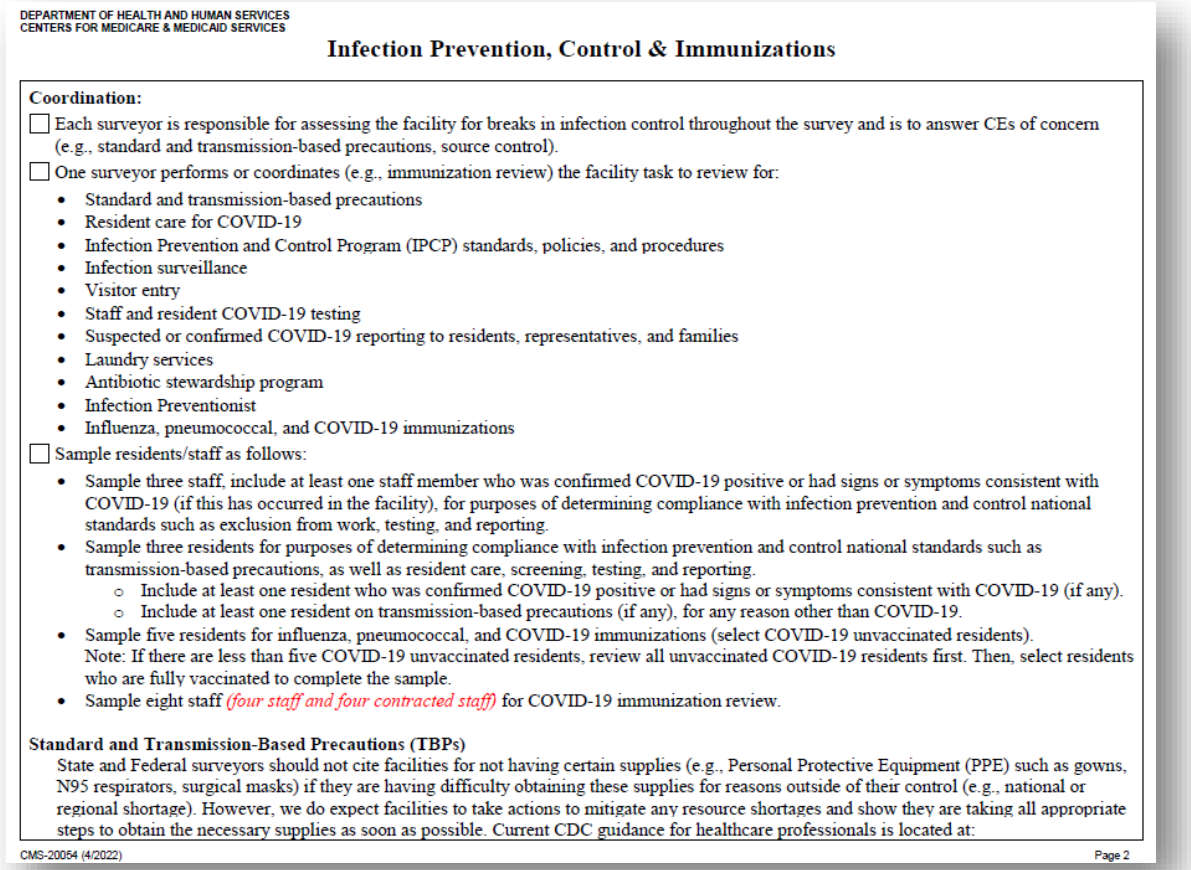
- **§483.80 Infection Control (f) Annual review:** *"The facility will conduct an annual review of its IPCP and update their program as necessary."*
  - *Annual review of IPCP – "The facility's IPCP and its standards, policies and procedures must be reviewed at least annually to ensure effectiveness and that they are in accordance with current standards of practice for preventing and controlling infections; the IPCP must be updated as necessary. In addition, the facility population and characteristics may change over time, and the* ***facility assessment*** *may identify components of the IPCP that must be changed accordingly."*

SOM - Appendix PP (cms.gov)

Multiple Survey Pathways Include Elements of Infection Control

CMS Critical Element Pathway form:

- 20054 Infection Prevention, Control & Immunization
- 20068 Urinary Catheters or UTI
- 20123 Hospitalizations
- 20062 Sufficient and Competent Staff
- 20078 Pressure Ulcers
- 20055 Kitchen
- 20053 Dining
- 20056 Medication Administration



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Infection Prevention, Control & Immunizations

Coordination:

☐ Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEs of concern (e.g., standard and transmission-based precautions, source control).

☐ One surveyor performs or coordinates (e.g., immunization review) the facility task to review for:

- Standard and transmission-based precautions
- Resident care for COVID-19
- Infection Prevention and Control Program (IPCP) standards, policies, and procedures
- Infection surveillance
- Visitor entry
- Staff and resident COVID-19 testing
- Suspected or confirmed COVID-19 reporting to residents, representatives, and families
- Laundry services
- Antibiotic stewardship program
- Infection Preventionist
- Influenza, pneumococcal, and COVID-19 immunizations

☐ Sample residents/staff as follows:

- Sample three staff, include at least one staff member who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if this has occurred in the facility), for purposes of determining compliance with infection prevention and control national standards such as exclusion from work, testing, and reporting.
- Sample three residents for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions, as well as resident care, screening, testing, and reporting.
  - Include at least one resident who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if any).
  - Include at least one resident on transmission-based precautions (if any), for any reason other than COVID-19.
- Sample five residents for influenza, pneumococcal, and COVID-19 immunizations (select COVID-19 unvaccinated residents).
  Note: If there are less than five COVID-19 unvaccinated residents, review all unvaccinated COVID-19 residents first. Then, select residents who are fully vaccinated to complete the sample.
- Sample eight staff *(four staff and four contracted staff)* for COVID-19 immunization review.

Standard and Transmission-Based Precautions (TBPs)

State and Federal surveyors should not cite facilities for not having certain supplies (e.g., Personal Protective Equipment (PPE) such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control (e.g., national or regional shortage). However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. Current CDC guidance for healthcare professionals is located at:

CMS-20054 (4/2022) Page 2

Nursing Homes | CMS > Downloads > Survey Resources (ZIP)

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Know the Requirements to Guide Activity

eCFR :: 42 CFR 483.75 -- Quality assurance and performance improvement

- Informs of all elements within the QAPI program, addresses all systems of care and management practices, guides policy, processes and improvement activities

eCFR :: 42 CFR 483.80 -- Infection control

- Informs of all systems within the infection control program that need to be monitored, processes in place and functioning well to meet compliance

eCFR :: 42 CFR 483.95 -- Training requirements

- A facility must determine the amount and types of training necessary based on a facility assessment – infection control; A facility must include as part of its infection prevention and control program mandatory training

CMS QSO-22-19-NH

- Infection prevention & QAPI guidance released

CMS QSO-23-10-NH

- Enhanced enforcement for infection control deficiencies includes RCA & quality improvement organizations (QIOs)

CMS QSO-21-15-ALL

- Emergency Preparedness – Appendix Z includes readiness for infection (COVID-19) outbreak response; State Operations Manual §483.73

Facility Data for Gap Analysis

Internal data sources:

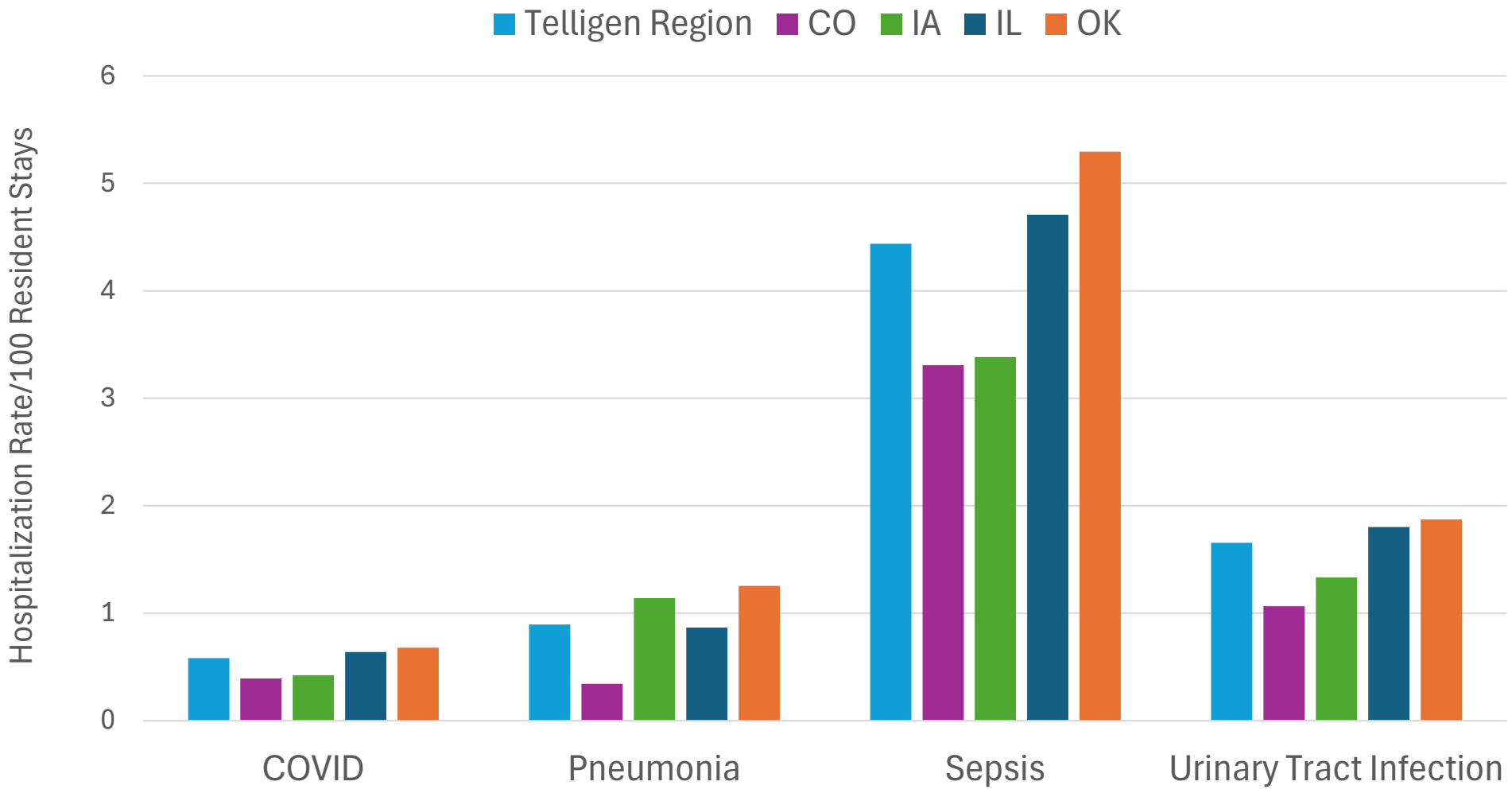
- Survey reports – F880 tag, or other IC-related tag
- Electronic healthcare record reports
- Incident/adverse event reports
- Assessments
- Staff and resident/family feedback
- Audits for practice performance
- Tracking logs
  - Drivers for unplanned transfer reports
  - Infection surveillance and tracking
  - Antibiotic use
  - Immunization uptake for residents and staff

External data sources:

- MDS CASPER reports
- Five-Star Provider Rating Report
- Lab reports
- Antibiogram
- Pharmacy reports
- Hospital treating diagnosis
- Telligen

Healthcare-Associated Infections Requiring Hospitalization Among Short Stay Nursing Home Residents

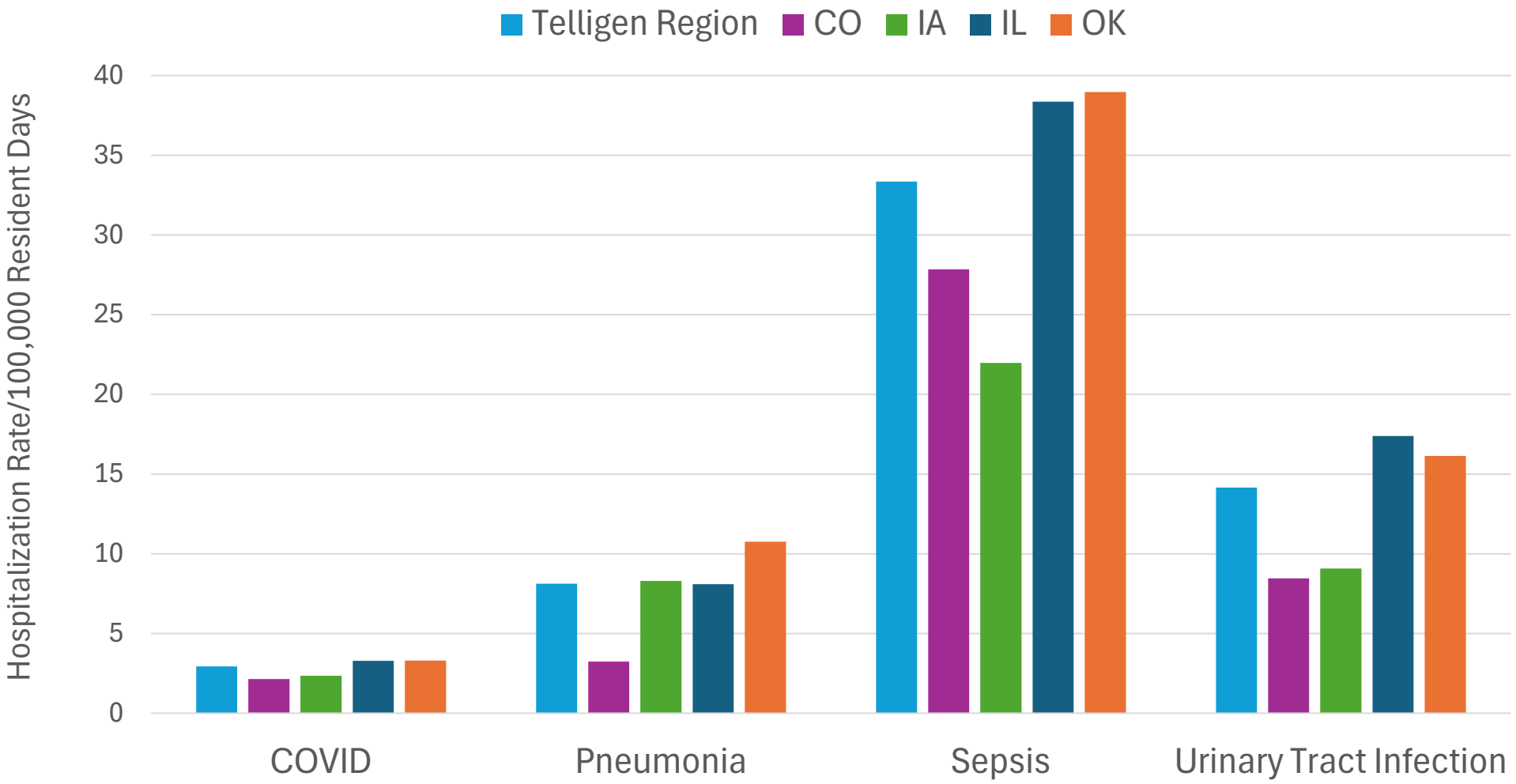
May 2023 - April 2024



Data Source: Medicare FFS part-A claims data for nursing home residents.

Healthcare-Associated Infections Requiring Hospitalization Among Long Stay Nursing Home Residents

May 2023 - April 2024



Data Source: Medicare FFS part-A claims data for nursing home residents.

Data Reviewed by the Quality Assurance and Assessment (QAA) Committee

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QAA/QAPI Meeting Agenda

<Name of Nursing Home>

<Date of Meeting>

Participants

Name	Title

Updates or Outstanding Items From Last Meeting

Item	Current status

5 Star Rating

Overall	Health Inspection	Staffing	Quality of Resident Care	Directed Plan of Correction Issued (Yes or No)	Cited for Abuse (Yes or No)

Discussion:

Actions:

Current Quality Assessment and Assurance Activities

- Infection outbreak events (e.g.; COVID-19 occurrences)
- Adverse events (e.g.; sepsis, hospital transfers)
- Infection control activity/surveillance
- Antibiotic stewardship
- Hand hygiene compliance audits
- Use of PPE compliance audits
- Widespread quality of care
- Pressure injuries, wounds (potential for infection)
- And more…

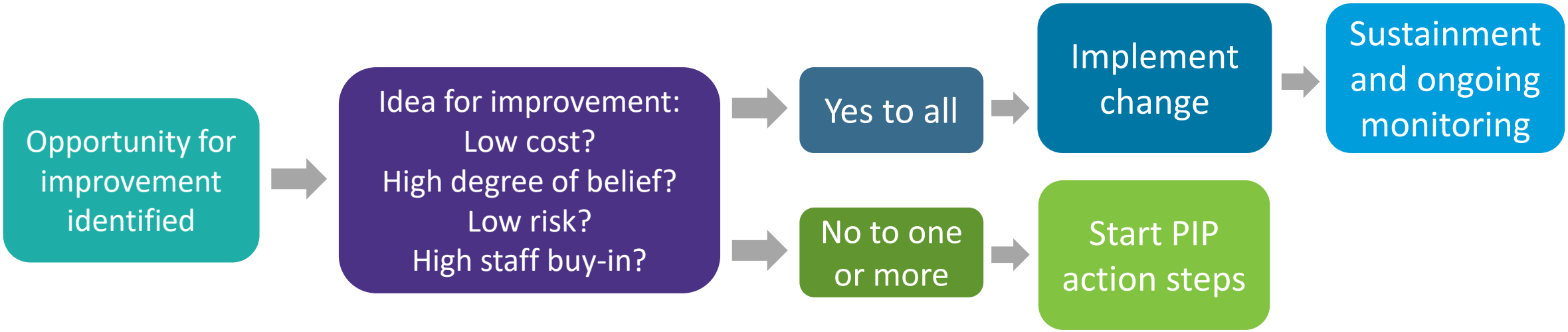
QAA Committee actions:

- ✓ Review data
- ✓ Identify concerns
- ✓ Prioritize QI activity
- ✓ Refer issues to the QAPI steering committee
- ✓ Monitor progress and outcomes

https://www.telligenqiconnect.com/resource/qaa-qapi-meeting-agenda/

Performance Improvement Project (PIP)

To PIP or not to PIP?



PIPPriorWkshtdebedits.pdf (cms.gov)

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Chat Sharing

In chat, share what IPC related PIP focus area(s) that are currently in progress or have conducted over the past year

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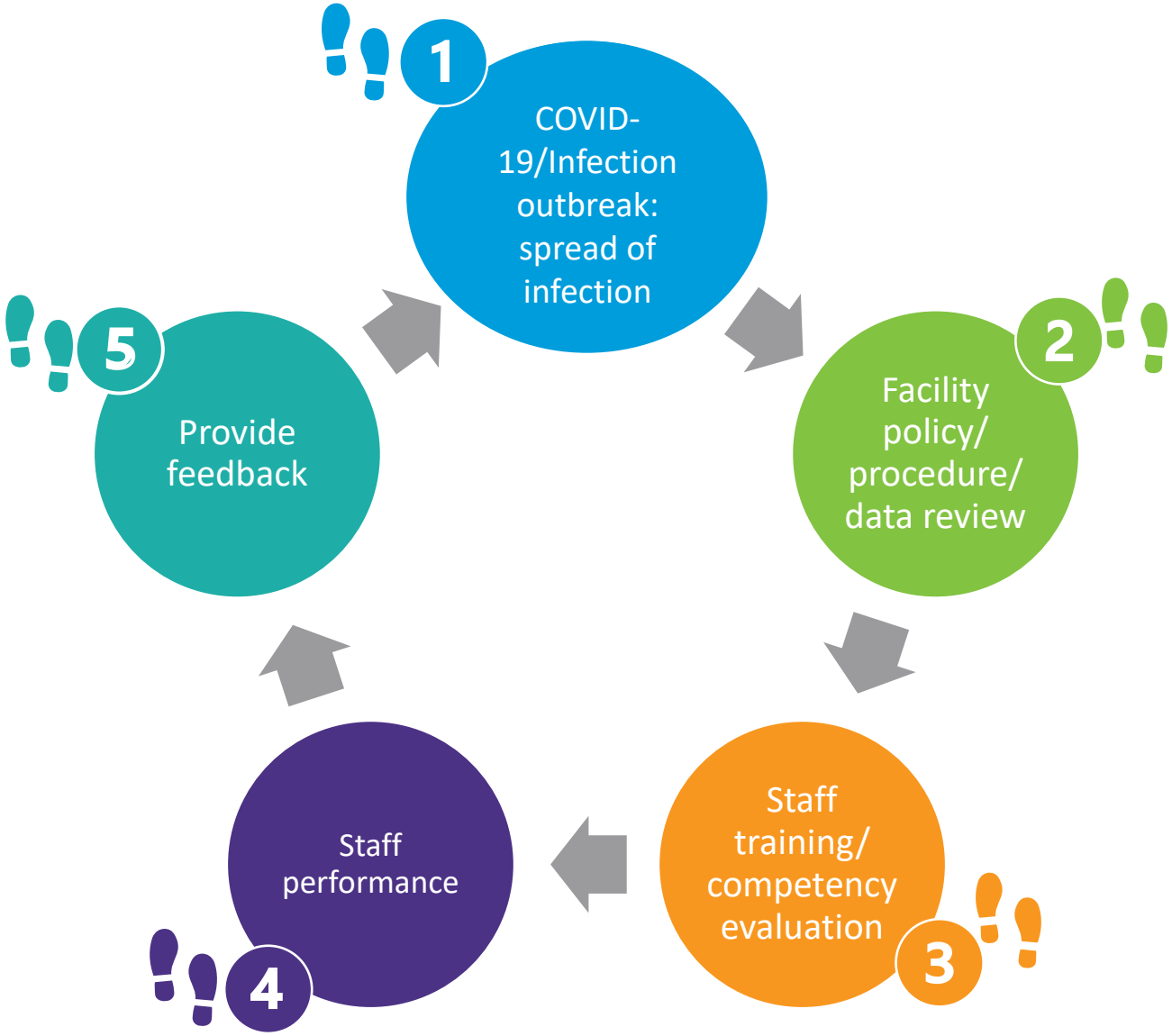
PIP Action Steps for the IPC Process Gap



Step One – Assess the IPC Program

- Using data, identify gaps
  - Complete:
    - Facility assessment
    - IPC rounding tool
    - IPC risk assessment
    - ICAR
    - Audits
    - Regulation compliance analysis
  - Define the challenge/problem
    - Prioritize and start with the highest priority issue

Step Two – Facility Policy/Procedure/Investigation of the Gap

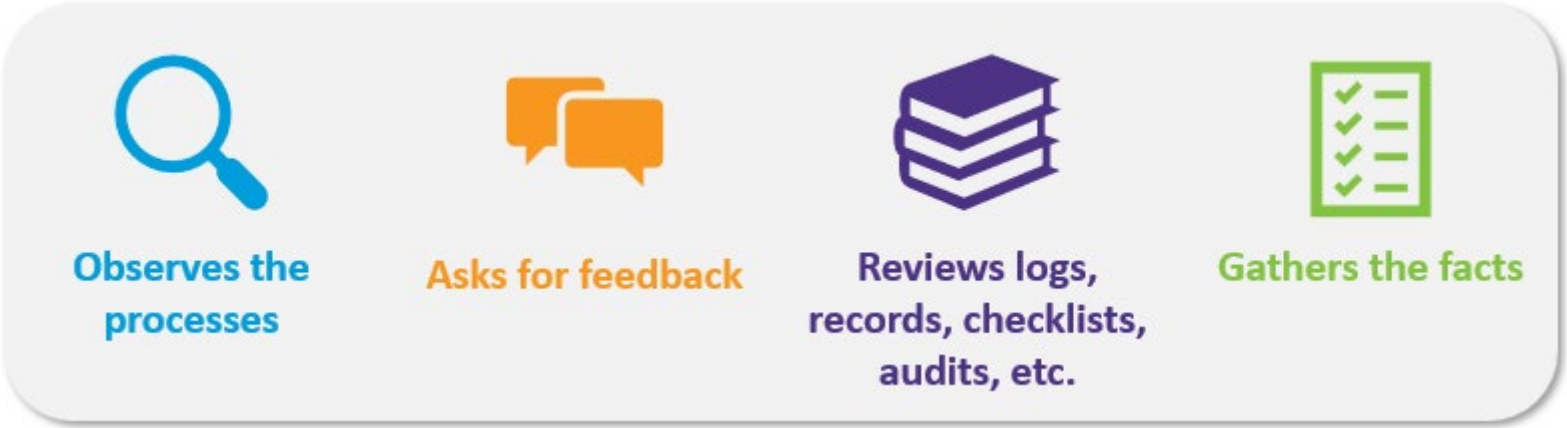
Define the policy, process or procedure as it is expected to happen

Observe the process/procedure as it's occurring

Compare the two – find the gaps and conduct root cause analysis (RCA)

Update policies, processes, and/or procedures using PDSA to mitigate gap causes

RCA investigates the problem/gap identified



Step Three – Staff Training/Competency Evaluations

- At the time of employment
- At least annually
- Anytime new updates occur in the IPC program

"Education and competency assessment: facilities must ensure staff follow the IPCP's standards, policies and procedures. Therefore, staff must be informed and competent. Knowledge and skills pertaining to the IPCP's standards, policies and procedures are needed by all staff in order to follow proper infection control practices… Furthermore, residents and their representatives should receive education on the facility's IPCP as it relates to them…"
-Appendix PP State Operations Manual

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes

Training Resource - Examples

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management

The ***Centers for Medicare & Medicaid Services (CMS) Targeted COVID-19 Training for Frontline Nursing Home Staff and Management*** is a great resource for nursing home staff to put the latest information regarding infection control, COVID-19 preparedness, resident-centered care, vaccine distribution and other important topics into practice.

The **User Guide** and **Kudos Kit** were designed to help nursing home teams access the free, on-demand trainings and celebrate the staff who complete them.

https://qioprogram.org/cms-targeted-covid-19-training-frontline-nursing-home-staff-and-management

Hand Hygiene and Glove Usage

https://www.youtube.com/watch?v=9R8fHo6WfzY&feature=youtu.be

APIC Infection Preventionist Competency Model

https://apic.org/professional-practice/infection-preventionist-ip-competency-model/

CDC Learning Connection

https://www.cdc.gov/training/learning/index.html

CDC Hand Hygiene, Glove Use and Preventing Transmission Educational Courses

https://www.cdc.gov/handhygiene/providers/training/index.html

State Specific Project Firstline Video Resources

CDC / STRIVE Infection Control Training

https://www.cdc.gov/infectioncontrol/training/strive.html?deliveryName=USCDC_425-DHQP-DM9328

CDC Project Firstline

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html

CDC TRAIN

Nursing Home Infection Preventionist Training Course

https://www.train.org/cdctrain/training_plan/3814

Step Four – Staff Performance

- The facility routinely audits adherence to processes
  - Monitors and documents
- Performance is recorded
- Audits occur with all staff and all shifts for several activities
- Reports of performance are provided to the QAPI committee to assist with necessary support

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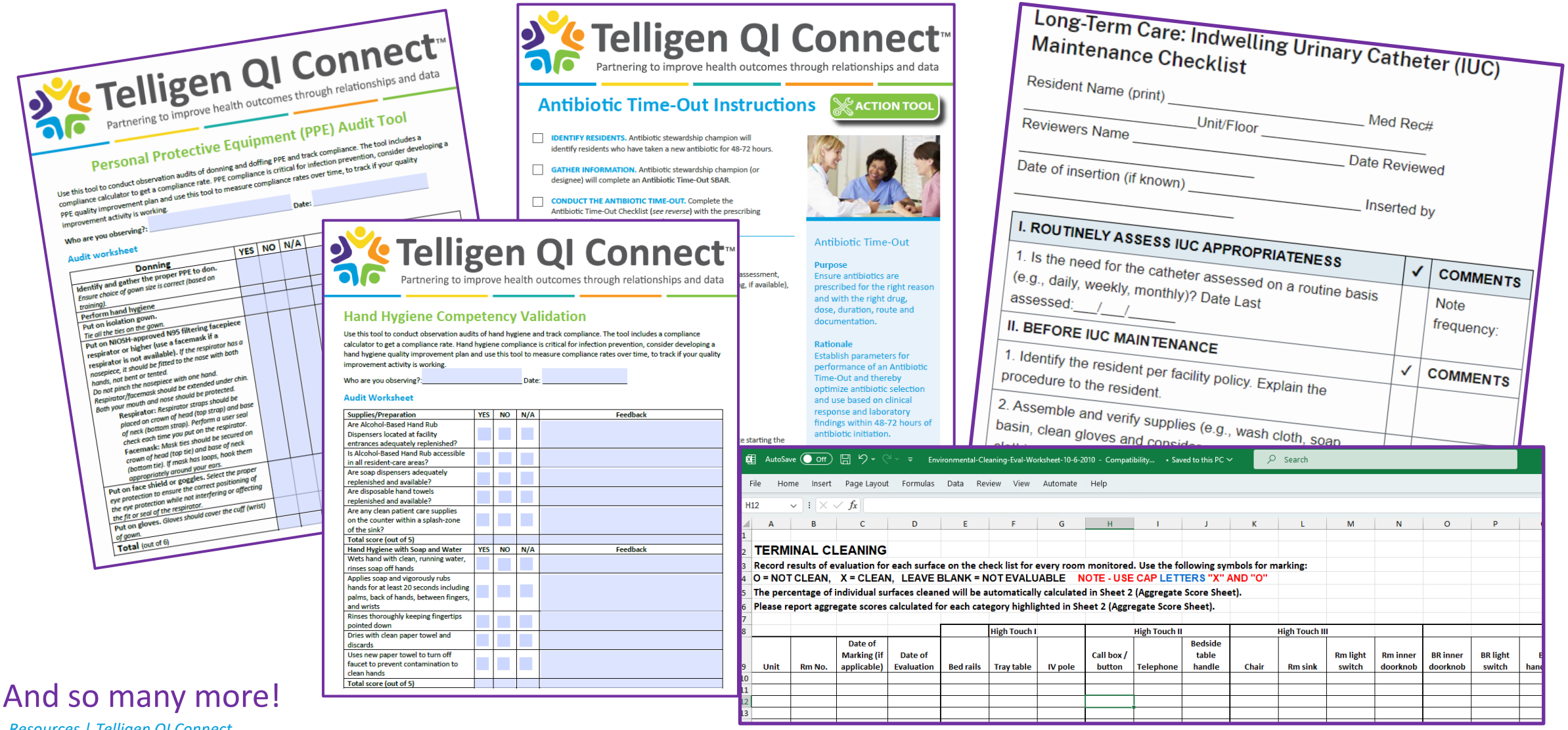
Performance Checklists – Examples



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Personal Protective Equipment (PPE) Audit Tool

Use this tool to conduct observation audits of donning and doffing PPE and track compliance. The tool includes a compliance calculator to get a compliance rate. PPE compliance is critical for infection prevention, consider developing a PPE quality improvement plan and use this tool to measure compliance rates over time, to track if your quality improvement activity is working.

Who are you observing?: Date:

Audit worksheet

Donning	YES	NO	N/A
Identify and gather the proper PPE to don. *Ensure choice of gown size is correct (based on training).*			
Perform hand hygiene			
Put on isolation gown. *Tie all the ties on the gown.*			
Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). *If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected.* **Respirator:** *Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.* **Facemask:** *Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.*			
Put on face shield or goggles. Select the proper eye protection to ensure the correct positioning of the eye protection while not interfering or affecting the fit or seal of the respirator.			
Put on gloves. Gloves should cover the cuff (wrist) of gown.			
Total (out of 6)			

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Antibiotic Time-Out Instructions ACTION TOOL

- **IDENTIFY RESIDENTS.** Antibiotic stewardship champion will identify residents who have taken a new antibiotic for 48-72 hours.
- **GATHER INFORMATION.** Antibiotic stewardship champion (or designee) will complete an **Antibiotic Time-Out SBAR**.
- **CONDUCT THE ANTIBIOTIC TIME-OUT.** Complete the Antibiotic Time-Out Checklist (*see reverse*) with the prescribing

Antibiotic Time-Out

Purpose
Ensure antibiotics are prescribed for the right reason and with the right drug, dose, duration, route and documentation.

Rationale
Establish parameters for performance of an Antibiotic Time-Out and thereby optimize antibiotic selection and use based on clinical response and laboratory findings within 48-72 hours of antibiotic initiation.

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Hand Hygiene Competency Validation

Use this tool to conduct observation audits of hand hygiene and track compliance. The tool includes a compliance calculator to get a compliance rate. Hand hygiene compliance is critical for infection prevention, consider developing a hand hygiene quality improvement plan and use this tool to measure compliance rates over time, to track if your quality improvement activity is working.

Who are you observing?: Date:

Audit Worksheet

Supplies/Preparation	YES	NO	N/A	Feedback
Are Alcohol-Based Hand Rub Dispensers located at facility entrances adequately replenished?				
Is Alcohol-Based Hand Rub accessible in all resident-care areas?				
Are soap dispensers adequately replenished and available?				
Are disposable hand towels replenished and available?				
Are any clean patient care supplies on the counter within a splash-zone of the sink?				
Total score (out of 5)				
Hand Hygiene with Soap and Water	**YES**	**NO**	**N/A**	**Feedback**
Wets hand with clean, running water, rinses soap off hands				
Applies soap and vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists				
Rinses thoroughly keeping fingertips pointed down				
Dries with clean paper towel and discards				
Uses new paper towel to turn off faucet to prevent contamination to clean hands				
Total score (out of 5)				

Long-Term Care: Indwelling Urinary Catheter (IUC) Maintenance Checklist

Resident Name (print) _____ Med Rec#
Unit/Floor _____
Reviewers Name _____ Date Reviewed
Date of insertion (if known) _____ Inserted by

I. ROUTINELY ASSESS IUC APPROPRIATENESS	✓	COMMENTS
1. Is the need for the catheter assessed on a routine basis (e.g., daily, weekly, monthly)? Date Last assessed:___/___/_____		Note frequency:
II. BEFORE IUC MAINTENANCE	✓	COMMENTS
1. Identify the resident per facility policy. Explain the procedure to the resident.		
2. Assemble and verify supplies (e.g., wash cloth, soap basin, clean gloves and consid		

AutoSave Off | Environmental-Cleaning-Eval-Worksheet-10-6-2010 - Compatibility... • Saved to this PC | Search

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H12

TERMINAL CLEANING

Record results of evaluation for each surface on the check list for every room monitored. Use the following symbols for marking:
O = NOT CLEAN, X = CLEAN, LEAVE BLANK = NOT EVALUABLE NOTE - USE CAP LETTERS "X" AND "O"
The percentage of individual surfaces cleaned will be automatically calculated in Sheet 2 (Aggregate Score Sheet).
Please report aggregate scores calculated for each category highlighted in Sheet 2 (Aggregate Score Sheet).

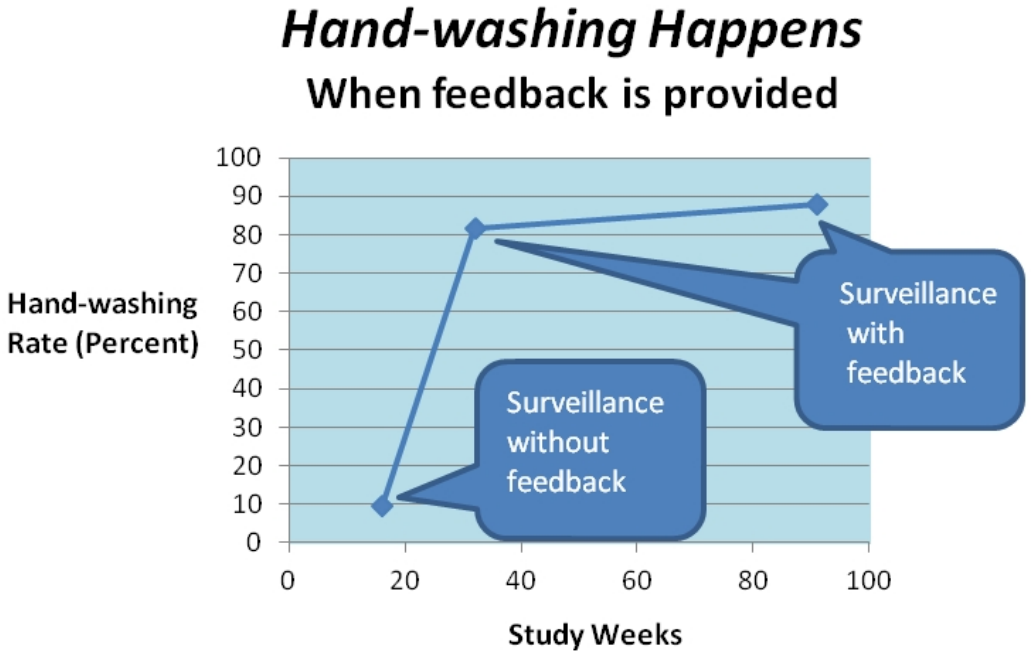
					High Touch I		High Touch II			High Touch III						
Unit	Rm No.	Date of Marking (if applicable)	Date of Evaluation	Bed rails	Tray table	IV pole	Call box / button	Telephone	Bedside table handle	Chair	Rm sink	Rm light switch	Rm inner doorknob	BR inner doorknob	BR light switch	hand

And so many more!

Resources | Telligen QI Connect
Audit Tracking Tool Workbook | Telligen QI Connect
Appendix H. Indwelling Urinary Catheter Maintenance Checklist | Agency for Healthcare Research and Quality (ahrq.gov)
Options for Evaluating Environmental Cleaning | HAI | CDC

Step Five – Provide Feedback

- Provide feedback to personnel regarding their performance
- Provide just-in-time training for staff not following the policy
- Results from step four and five combined
- May need to circle back to step three



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Infection Preventionist

"The facility must designate one or more individ… infection preventionist (IP) who is r… oping, implem… …The IP should review … prevention and control training topics and content, as well as ensure facility staff are trained on the IPCP."

It's Not All About the Infection Preventionist!
It Takes a Team!

[Nursing Homes | CMS](#) *State Operations Manual*

[Infection Preventionist Orientation Checklist | Telligen QI Connect](#)

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Case Study

A 53-bed nursing home with a current resident census of 48 is conducting its annual infection prevention and control (IPC) program review. The Infection Preventionist (IP) is responsible for assessing the facility's infection prevention measures in accordance with regulatory requirements, identifying any gaps, and prioritizing areas for improvement. During the annual IPC review, the IP uncovers several critical findings, some are listed below.

- The facility experienced two separate COVID-19 outbreaks within the year:
  - Outbreak 1: Involved 28 residents and 11 staff members.
  - Outbreak 2: A smaller outbreak, involving 6 residents and 3 staff members.
- The IP notes concerning vaccination rates:
  - Only 33% of residents are up to date with the COVID-19 vaccine.
  - 7% of staff are up to date with the COVID-19 vaccine.
- A Hand Hygiene PIP was initiated earlier in the year to improve compliance across all staff. However, the PIP was interrupted by other priorities, including a state survey and several urgent facility issues. As a result, the planned audits and follow-up on hand hygiene compliance were not completed as originally planned.

The IP concludes the annual review by briefly scanning the IPC program policy and procedure to update it with the current review date. At the quarterly Quality Assurance and Assessment (QAA) meeting, the IP presents the findings to the team. The team moves forward in the meeting with other department leader updates.

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Poll Question

How will you synergize the information shared in this presentation? (select all that apply)

A. **Apply key concepts immediately** to my work processes to improve efficiency and outcomes
B. **Collaborate with colleagues** to discuss and refine ideas, creating actionable strategies based on the presentation
C. **Integrate the insights** into long-term planning, aligning them with current and future projects to ensure consistency and alignment
D. **Use the information to inspire innovation** by exploring new approaches, methods, or tools that enhance problem-solving
E. **Review and reflect on the content** in the coming days to ensure full understanding and identify areas for further development
F. **Create a knowledge-sharing session** to disseminate the information to others in my team or organization, ensuring collective growth
G. **Do something else -** share in chat

Resources

- Infection Prevention and Control Resources | Telligen QI Connect
- Guidebook for Infection Prevention and Control Preparedness | Telligen QI Connect
- All-Cause Harm Prevention in Nursing Homes Change Package | Telligen QI Connect
- Telligen's Quality Improvement Workbook
- Telligen's Quality Improvement Process Steps and Tools
- Telligen's On-Demand Learning – RCA & PDSA training
- Infection Preventionist Orientation Checklist | Telligen QI Connect
- Incorporating Infection Prevention and Control into an Emergency Preparedness Plan (ahrq.gov)
- CMS QAPI at a Glance
- CMS Process Framework Tool
- Toolkit To Educate and Engage Residents and Family Members | ahrq.gov
- CMS Sustainability Decision Guide
- Module 6: Sustainability: Facilitator Notes | Agency for Healthcare Research and Quality (ahrq.gov)

Questions?

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NURSING HOME QUALITY ESSENTIALS SPOTLIGHT: INFECTION PREVENTION

Tuesdays & Thursdays | 11 a.m. MT / Noon CT

Don’t miss out on these upcoming offerings:

Tuesday, December 3, 2024

Infection Prevention – Prevention Power: Strategies to Reduce COVID-19 Related Hospital Readmissions

Thursday, December 5, 2024

Infection Prevention – A Day in the Life: The Role of an Infection Preventionist

Tuesday, December 10, 2024

Infection Prevention – NHSN Office Hours

SCAN TO REGISTER

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