

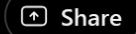
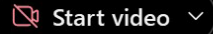
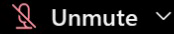


# Housekeeping

Please do not unmute or start your video.

Click here to raise or lower your hand.

Click here to see the participants list.



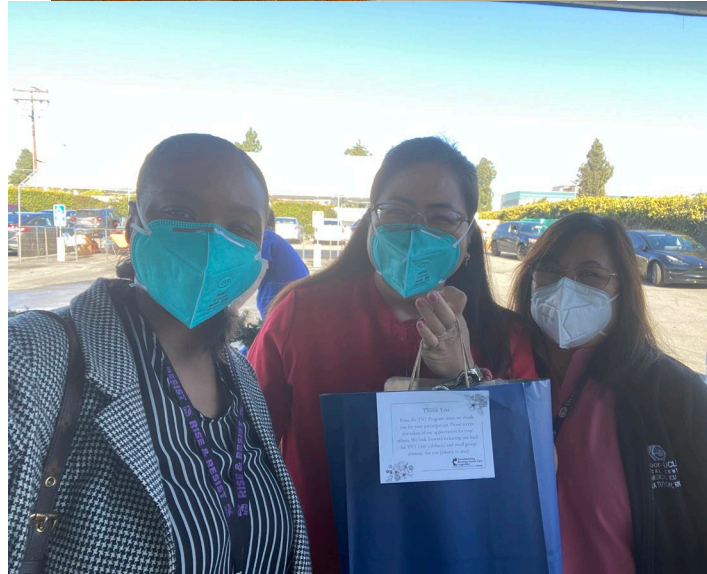
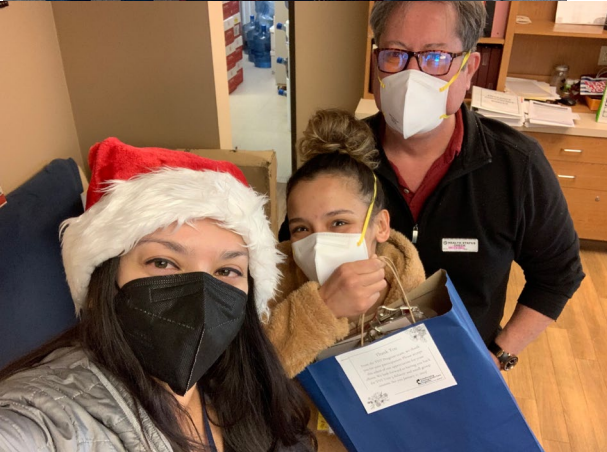
Click here to turn captions on.

Please do not share your screen.

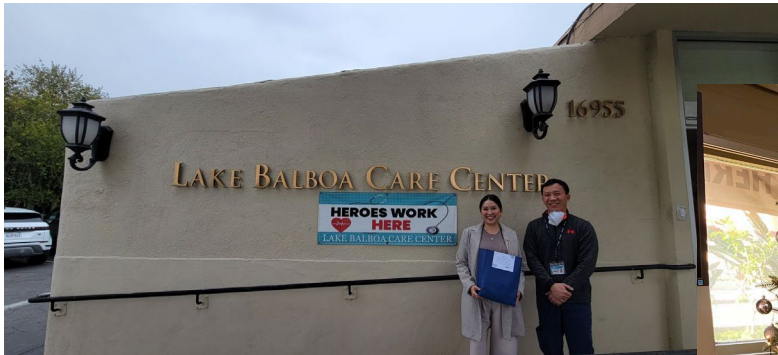
Click here for call-in options.

Click here to access the chat and choose to send messages to Everyone.

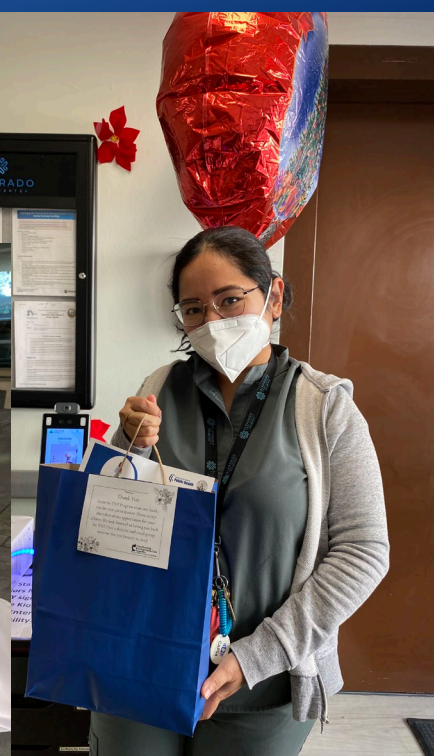
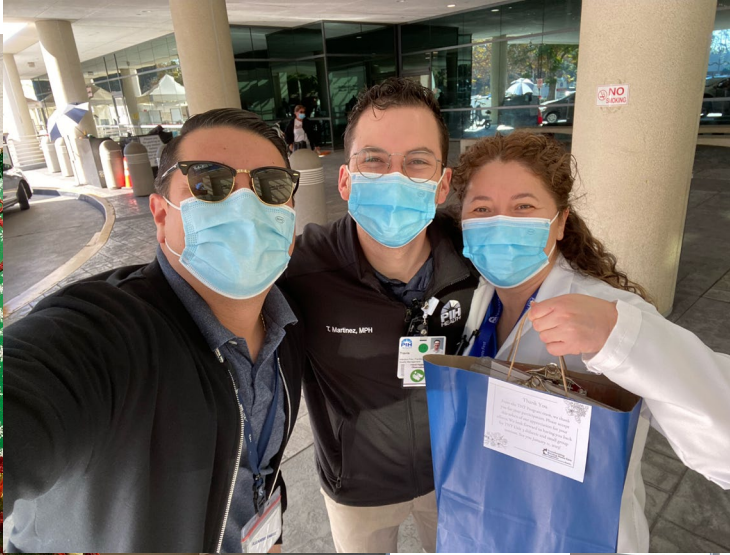
# TNT delivery photos



# TNT delivery photos



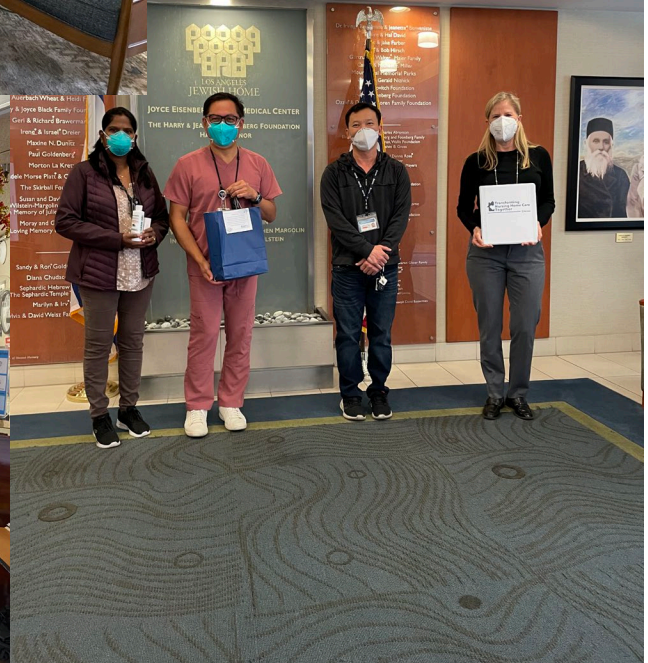
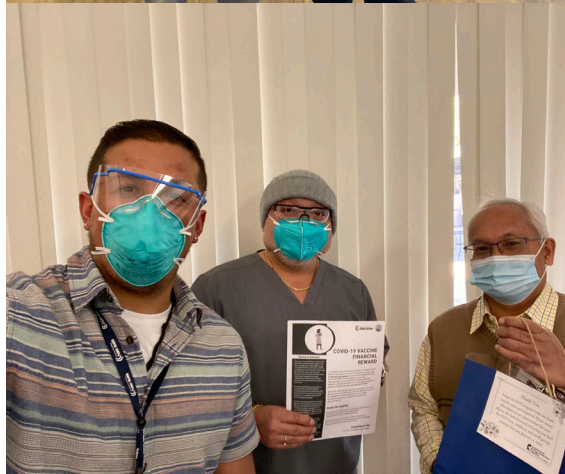
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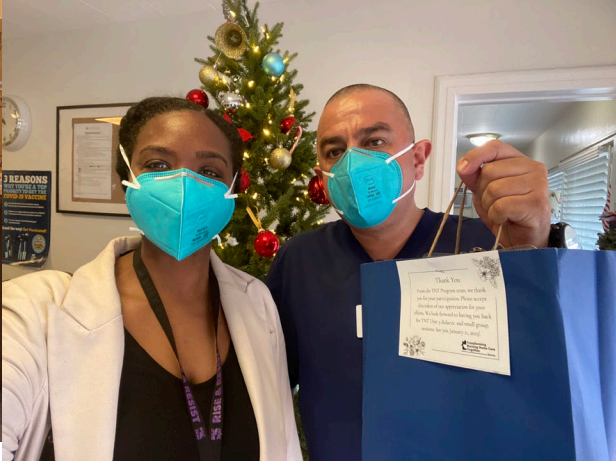
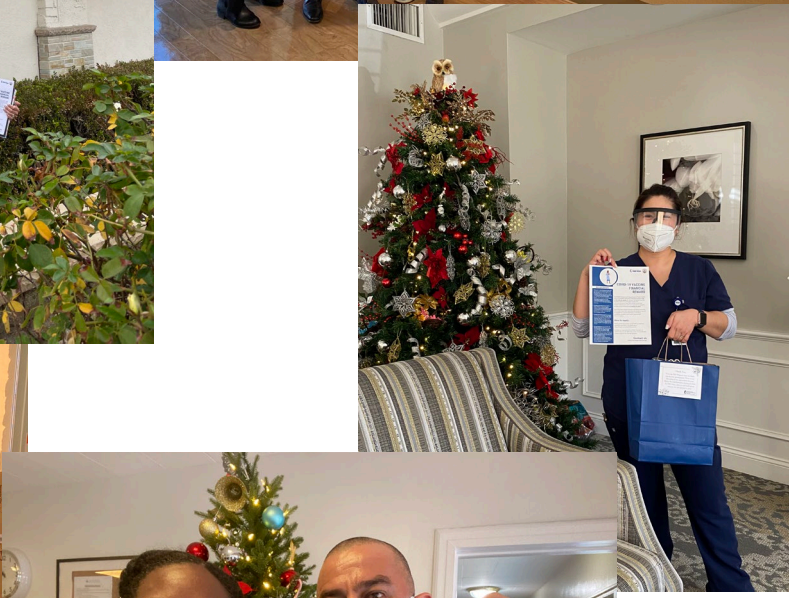
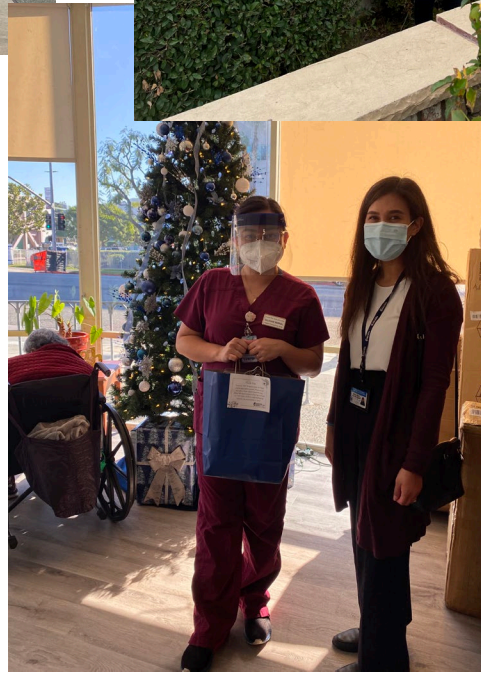
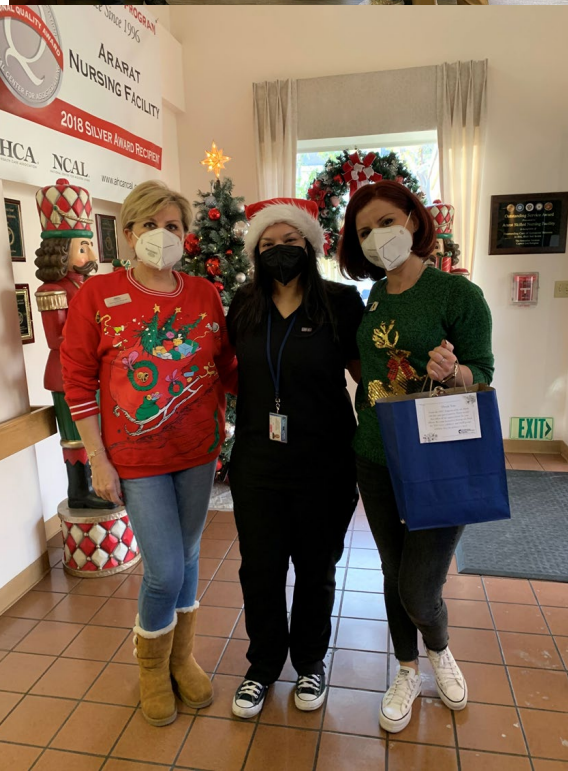
# TNT delivery photos



# TNT delivery photos



# TNT delivery photos





## Announcements

- During Unit 3, you are expected to do an Environmental Cleaning and Disinfection Performance Improvement Project.
- **You are required to submit the A3 for this project in order to fulfill the requirements for the program.**
- The A3 is due by 5:00 pm on Monday, February 27, 2023: please email it to [TNTEducation@ph.lacounty.gov](mailto:TNTEducation@ph.lacounty.gov).
- We will extend office hours through the first two weeks in March 2023 to provide extra support for these projects after the A3 deadline if your facility needs it.



## Announcements

- During Unit 3, the number of Didactic sessions will be extended from 7 to 9.
- Last day of Unit 3 will now be March 10, 2023.
- Attending the additional 1 or 2 Didactic sessions can count as extra 1 or 2 credits, respectively, that can be applied toward any missed Didactic sessions during the entire Program.
- The minimum facility attendance requirement will remain the same.
  - 18 out of the original total 23 over the 9-month program.
- There will also be an opportunity to make up a missed Small Group session.
  - In early March



# Step by Step: Creating a QAPI Project for Environmental Cleaning & Disinfection

Session 1

Unit 3

*Chandana Das, MD*





# Session Schedule

Session Number	Date	Session Title
1	01/11/2023	Step by Step: Creating an Environmental Cleaning and Disinfection QAPI Performance Improvement Project
2	01/18/2023	Basic Components of an Antibiotic Stewardship Program
3	01/25/2023	Standard and Enhanced Standard Precautions
4	02/01/2023	Transmission-Based Precautions
5	02/08/2023	Preventing Legionellosis in Healthcare Facilities Through a Water Management Program
6	02/15/2023	Infection Prevention Organizations and Certification
7	02/22/2023	Interfacility and Intrafacility Communication
8	03/01/2023	Infection Preventionist as an Educator
9	03/08/2023	Conclusion – What’s Next Post-TNT?



## TNT Program Objectives

- Enhance quality improvement and quality assurance performance improvement (QAPI) at LA County SNFs by providing foundational quality improvement education across all roles in SNFs
- Empower SNF staff to initiate performance improvement projects (PIPs) and own QI in their facility
- Improve resident safety and clinical outcomes



## Session 1 Objectives

1. Understand the background, purpose, and scope of the Environmental Cleaning and Disinfection (ECD) performance improvement project (PIP).
2. Apply QAPI concepts and principles from the first two units of the TNT program to create and implement your ECD PIP.
3. Know what to do with records from QAPI activities, including this ECD PIP.

# Questions

- Please type in the chat any questions you may have. Whatever we are not able to answer today, we will address in our Q&A for session 1.



## Audience Question

- What does the acronym QAPI stand for?



## Audience Question

- What is the value of having a QAPI program in your facility?



## Audience Question

- Quality Assurance and Performance Improvement (QAPI) is a data driven and proactive approach to quality improvement.  
**True or False?**



# Importance of Cleaning and Disinfecting

- Studies show that contamination of the environment in healthcare settings is a significant factor in the transmission of HAIs, indicating that environmental cleaning is a fundamental intervention in the prevention of transmission.



(<https://www.cdc.gov/hai/prevent/resource-limited/introduction.html>)

# Health Acquired Infections (HAIs)

- Healthcare-associated infections are a burden, substantially, worldwide.
- Ecological corruption plays a role in the passing on of HAIs in healthcare settings.
- Environmental cleaning is a part of standard and transmission base precaution within the framework of the facility's IPC program.

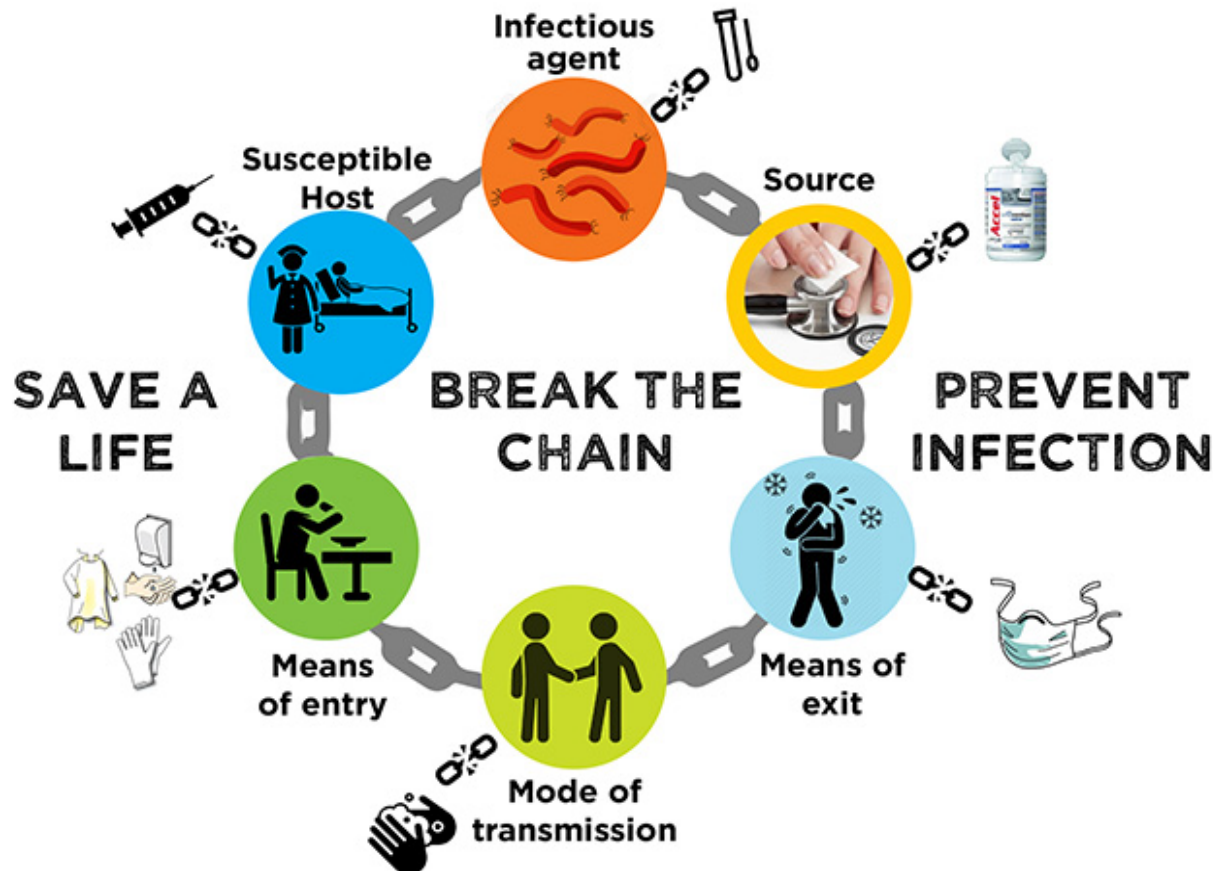
## Definition

### Health Care-associated Infection (HCAI)

- Also referred to as “nosocomial” or “hospital” infection

***“An infection occurring in a patient during the process of care in a hospital or other health-care facility which was not present or incubating at the time of admission. This includes infections acquired in the health-care facility but appearing after discharge, and also occupational infections among health-care workers of the facility”***

# Save a life! Break the chain! Prevent Infection!



TRUE NORTH



## What's True North?

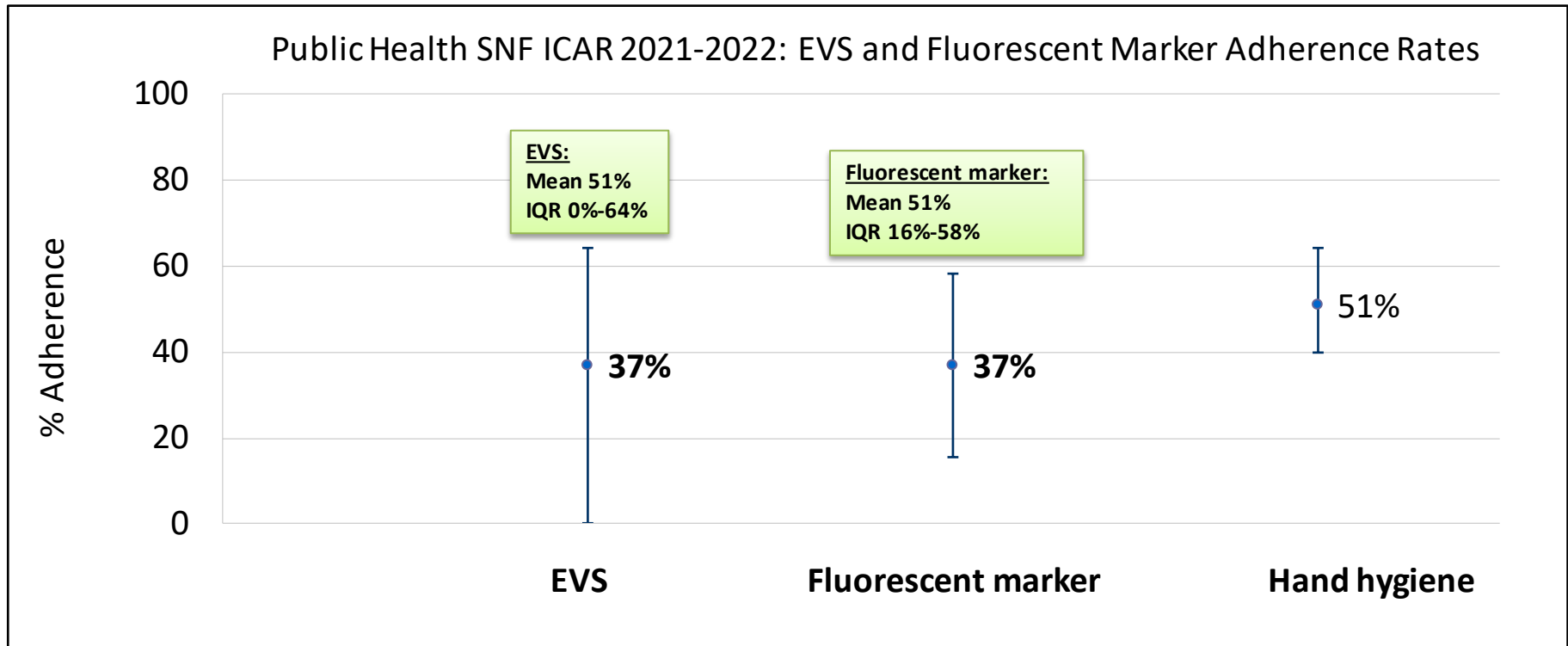
- "True North" a key concept in Lean process improvement.
- An idiom that emerged from Toyota twenty years ago, connotes the compass needle for the organization.
- Works as a compass proving a guide to take an organization from the current condition to where they want to be.
- The foundation of a strategic plan.



# Scope of Environmental Cleaning and Disinfection Performance Improvement Project



# Signal for Improvement and Change: EVS Observations during SNF ICAR visits



- n=34 SNFs in Los Angeles County
- SNF ICAR (Infection Control Assessment and Response) in-person visits July 2021 thru Sep 2022



## Gaps Identified

- Detergent/Disinfectant solution not mixed and/or stored according to manufacturer's instructions.
- Standardized stepwise process not implemented when cleaning/disinfecting rooms going from clean to contaminated while assuring every touch point is covered.
- No system in place for clearly delineating cleaning and disinfection responsibilities addressing who, what, and when.
- Lack of routine audits (monitoring and documenting) cleaning and disinfection adherence and providing feedback to all appropriate personnel regarding their performance and adherence.



# The A3





<b>A3 Project Title</b>	Project Lead: Facilitator: <b>COORDINATION</b> Project Champion(s):	Project Team:
Date Updated:		

<p>1) <b>Problem Statement:</b> (description of the problem and its effect)</p> <hr/> <p>2) <b>Current State:</b> (depiction of the current state, its processes, and problems)</p> <hr/> <p>Best Practices/Literature Search:</p> <hr/> <p>3) <b>Goal:</b> (how will we know the project is successful; standard/basis for comparison)</p> <p style="text-align: center; font-size: 1.2em; color: orange;"><b>PLAN</b></p> <hr/> <p>4) <b>Root Cause Analysis:</b> (investigation depicting the problems' root causes)</p>	<p>5) <b>Solutions:</b> (action plans and findings of tested solutions)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="font-size: 0.8em;">Root Cause</th> <th style="font-size: 0.8em;">Tested Solution</th> <th style="font-size: 0.8em;">Responsible</th> <th style="font-size: 0.8em;">Due</th> <th style="font-size: 0.8em;">Finding</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="color: red; font-size: 1.2em;"><b>DO</b></td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <hr/> <p>6) <b>Check:</b> (summary of the solutions' results, overall goal success, and any supporting metrics)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="font-size: 0.8em;">Goals and Metrics</th> <th style="font-size: 0.8em;">Baseline</th> <th style="font-size: 0.8em;">Target</th> <th style="font-size: 0.8em;">Current</th> </tr> </thead> <tbody> <tr> <td style="font-size: 0.8em;">Goal</td> <td colspan="2" style="color: blue; font-size: 1.2em;"><b>CHECK</b></td> <td> </td> </tr> <tr> <td style="font-size: 0.8em;">Supporting Metric</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="font-size: 0.8em;">Supporting Metric</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <hr/> <p>7) <b>Act:</b> (action taken as a result of the Check, and a plan to sustain results)</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol> <p style="text-align: center; font-size: 1.2em; color: green;"><b>ACT</b></p>	Root Cause	Tested Solution	Responsible	Due	Finding			<b>DO</b>													Goals and Metrics	Baseline	Target	Current	Goal	<b>CHECK</b>			Supporting Metric				Supporting Metric			
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# Model for Change





## Gaps Identified

- Detergent/Disinfectant solution not mixed and/or stored according to manufacture instructions.
- Standardized stepwise process not implemented when cleaning/disinfecting rooms going from clean to contaminated while assuring every touch point is covered.
- No system in place for clearly delineating cleaning and disinfection responsibilities addressing who, what, and when.
- Lack of routine audits (monitoring and documenting) cleaning and disinfection adherence and providing feedback to all appropriate personnel regarding their performance and adherence.



## Plan: Coordination

- We talked about key players in an earlier slide. These are the same people you want to be on your PIP team.

**A3 Project Title**

**Project Lead:**

**Project Team:**

**Facilitator:**

**Project Champion(s):**

**Date Updated:**

- Administrator
- DON, DSD
- IP
- EVS supervisor
- EVS staff
- Nursing staff



## Plan: Problem Statement

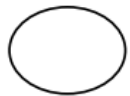
- On SNF ICAR visits, LAC DPH has found the EVS staff are not cleaning resident rooms in the correct sequence (clean to contaminated) following a standardized process.
- This can lead to spread of infectious agents and contribute to healthcare associated infections (HAIs), which is a source of morbidity and mortality in SNF residents.

**1) Problem Statement:** (description of the problem and its effect)

# Process Map/Flowchart Pointers

## How do you develop a flowchart?

Flowcharts are diagrams that use shapes to show the types and flow of steps in a process. The shapes represent different types of steps or actions.



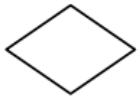
= beginning and end of a process



= direction or flow of the process



= a task or activity performed in the process

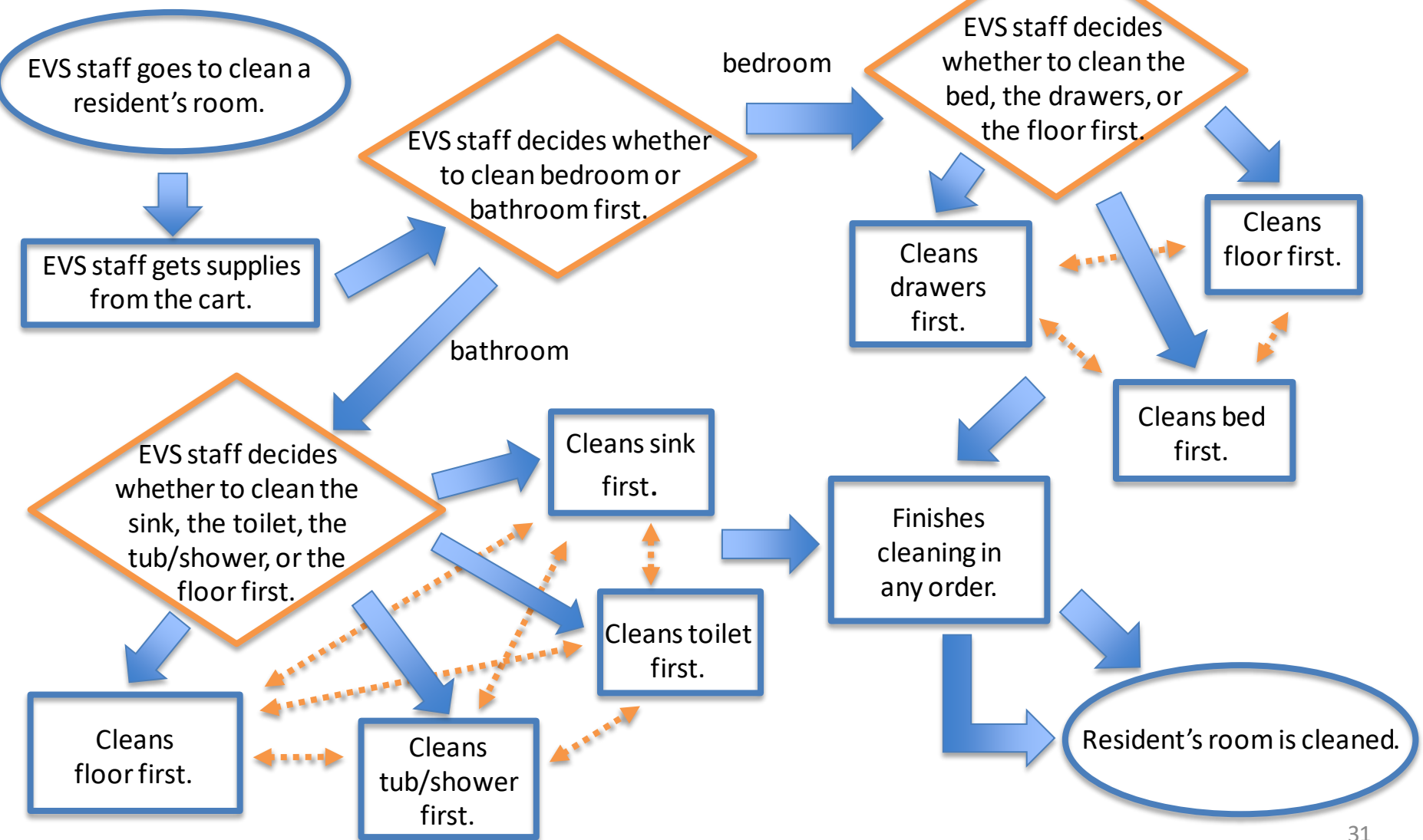


= a decision point (yes/no)

**2) Current State:** (depiction of the current state, its processes, and problems)

**Best Practices/Literature Search:**

# Plan: Current State





## Plan: Goal

3) Goal: (how will we know the project is successful; standard/basis for comparison)

- All EVS staff will know, and be able to teach back, the correct sequence of cleaning a resident bedroom and bathroom by 01/31/2023.

## Plan: Root Cause Analysis

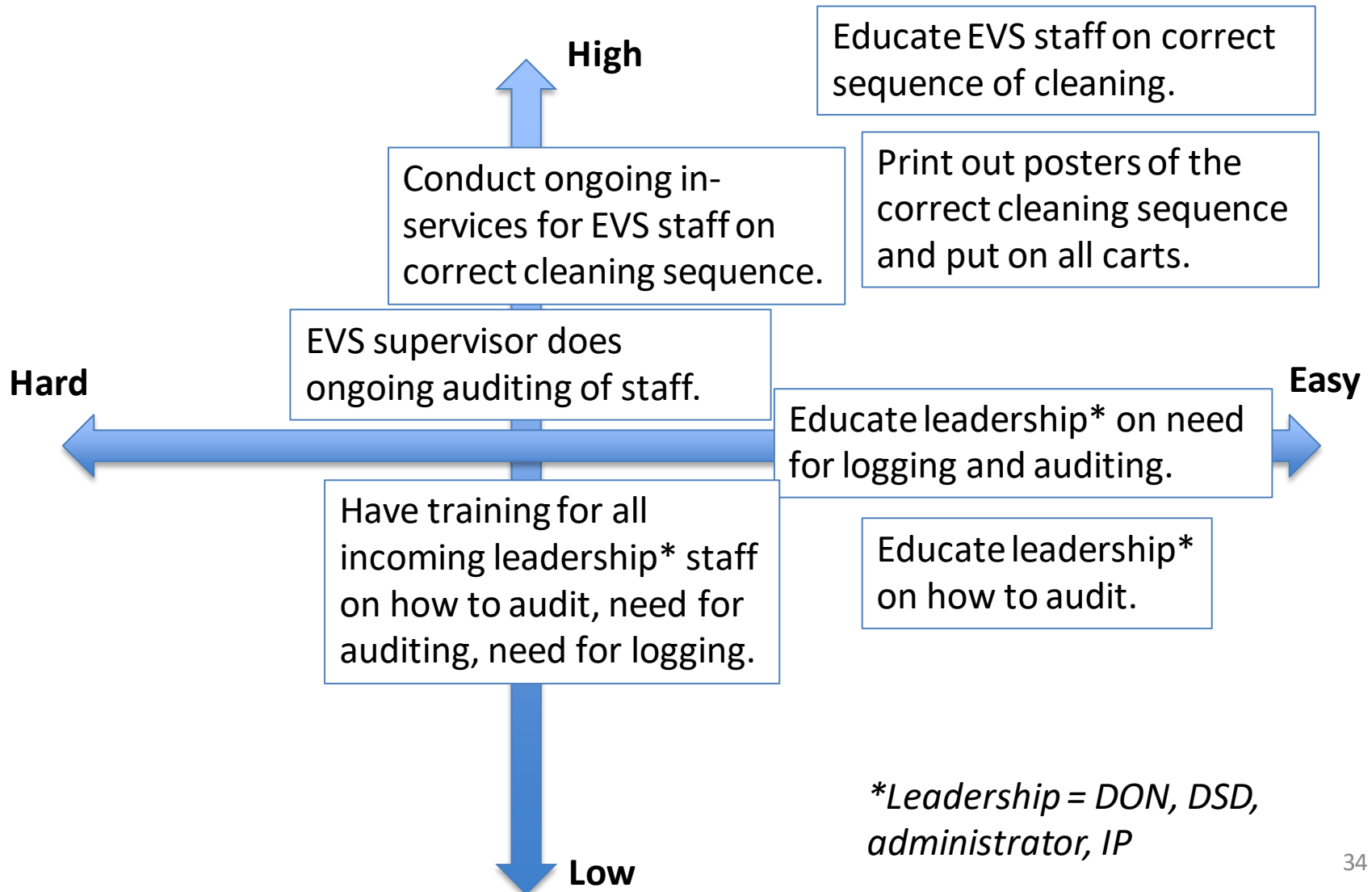
### 4) Root Cause Analysis: (investigation depicting the problems' root causes)

5 whys: EVS staff do not know the correct cleaning sequence.

- **Why?:** they have not been taught the correct cleaning sequence and their knowledge is not checked.
- **Why?:** there are no direct audits of what the EVS staff is doing.
- **Why?:** leadership (DON, DSD, administrator, IP) is not aware that they need to be involved and make sure things are being done in a standardized way.
- **Why?:** leadership assumes that the direct EVS supervisor is monitoring, but there is no actual communication tool to ensure this.
- **Why?:** no education for leadership on these responsibilities and the importance of being involved.

**LAC DPH Infection Prevention team to the rescue!**

# Do: Prioritization Matrix





## Do: Solutions Table

### 5) Solutions: (action plans and findings of tested solutions)

Root Cause	Tested Solution	Responsible	Due	Finding



## Do: Solutions Table

Root cause	Tested Solution	Responsible	Due
Leadership not engaged in EVS staff work	IPs provide education on ICAR visit to leadership about auditing and direct feedback	LAC DPH IPs OR facility leadership	01/18/2023
EVS staff not trained in correct cleaning sequence	Train all EVS staff on correct cleaning sequence and evaluate their knowledge with teach back	EVS supervisor	01/31/2023
No auditing of EVS staff work	Leadership to audit EVS staff and keep log	EVS supervisor, DSD, administrator	01/31/2023
No reminders of correct cleaning sequence	Print out sequence posters and post on every cleaning cart	EVS supervisor	01/20/2023



# Measure Development

## MEASURE DEVELOPMENT FORM

---

### Part I: Identification of Measure

1. What is the Measure?

2. What is the Key Quality Characteristic of this measure?

- |   |  |                                     |                                     |
|---|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Accuracy                                     | <input type="checkbox"/> Appropriateness | <input type="checkbox"/> Competency | <input type="checkbox"/> Efficiency |
| <input type="checkbox"/> Effectiveness                                | <input type="checkbox"/> Equitable       | <input type="checkbox"/> Safety     | <input type="checkbox"/> Timeliness |
| <input type="checkbox"/> Other (please describe) <input type="text"/> |  |                                     |                                     |

**Part II: Operational Definition and Data Collection Plan** *(include full definition with any inclusion/exclusions of required data elements). For example patient types, financial class, DRG, diagnosis or procedure codes or charge codes)*

3. Operational Definition

*Numerator*

*Denominator*

4. Data Collection Plan:

*Person(s) responsible for data collection and frequency of collection*

*Data Source(s)*

*Data collection method*    *Computerized*    *Manual*    *Sampling*

*If data collection requires sampling, include the sampling plan*

# Check

1. LACDPH IPs provided education to leadership about: auditing via adherence logs and Glo-Germ. Leadership also instructed on how to provide this training to future leadership staff.
2. EVS staff trained on the correct cleaning sequence. Evaluated by observation and using teach back to ascertain understanding.
3. Leadership has instituted a log for auditing for themselves to keep them all accountable for doing it.
4. EVS supervisor has printed out posters of the correct cleaning sequence and posted them on all EVS cleaning carts.

**6) Check:** (summary of the solutions' results, overall goal success, and any supporting metrics)

Goals and Metrics	Baseline	Target	Current
Goal			
Supporting Metric			
Supporting Metric			



## Check continued

Goals and Metrics	Baseline	Target	Current
Main goal: EVS staff will know and be able to teach back correct cleaning sequence.	0%	100%	01/27/2023: 75%
Leadership educated about auditing and keeping logs of audits.	0%	100%	01/27/2023: 100%
Leadership has instituted their log of audits (communication tool between leadership and EVS supervisors).	No log	Log in use	01/27/2023: log in use
Posters reminding EVS staff of correct cleaning sequence posted on all carts.	0%	100%	01/27/2023: 100%

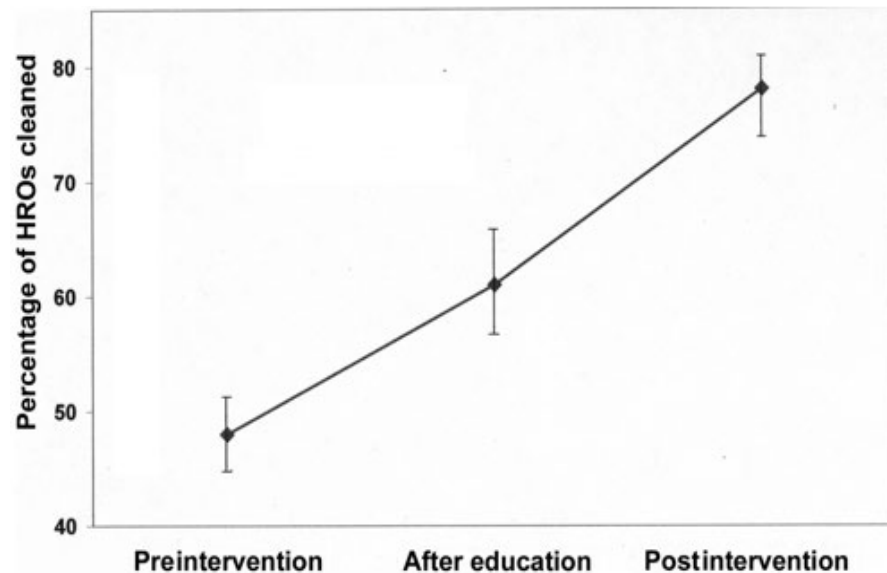
# Act

## 7) Act: (action taken as a result of the Check, and a plan to sustain results)

1. Regularly scheduled in-services for new EVS staff to include the correct cleaning sequence and to remind continuing EVS staff of the same.
2. Continued education of new leadership staff as they are hired on their responsibilities: train EVS staff on the correct cleaning sequence, audit them intermittently (including how to audit), and update the log and check it intermittently as well.
3. Intermittently check that correct cleaning sequence posters are clearly visible and readable on the cleaning carts and replace if not.

# Does Monitoring Improve Cleaning?

- In 36 hospitals, mean percentage of high-risk objects cleaned was
  - 48% **prior to** intervention
  - 78% **after** intervention



Carling, P. (2016) [Optimizing Health Care Environmental Hygiene](#)  
Infectious Disease Clinics of North America 30(3)  
([dx.doi.org/10.1016/j.idc.2016.04.010](https://doi.org/10.1016/j.idc.2016.04.010))



# Environmental Cleaning and Disinfection Adherence Monitoring Tool

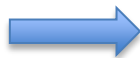


Healthcare-Associated Infections Program Adherence Monitoring  
Environmental Cleaning and Disinfection

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least two (2) different environmental services (EVS) staff members. Observe each practice and check a box if adherent ("Yes") or not adherent ("No"). In the right column, record the total number of "Yes" responses for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.



Environmental Cleaning Practices		EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task																									
					# Yes	# Observed																								
ES1.	Detergent/disinfectant solution is mixed and stored according to manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES2.	Solution remains in wet contact with surfaces according to manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES3.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES4.	Standard cleaning protocol is followed to avoid cross-contamination (e.g. from top to bottom, patient room to bathroom, and clean to dirty)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES5.	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the Contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES6.	Hand hygiene is performed throughout the cleaning process as needed, including before and after glove use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES7.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient. Mark "Yes" if Fluorescent Marker Assessment Tool result is 100%; mark "No" if <100%.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES8.	There are no visible tears or damage on environmental surfaces or equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES9.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
*Examples of high touch surfaces: <table border="0" style="width:100%; text-align:left;"> <tr> <td>Bed rail</td> <td>Chair</td> <td>Room light switch</td> <td>TV remote</td> <td>Bathroom door knob/handle</td> <td>Bathroom sink</td> </tr> <tr> <td>Trey table</td> <td>In-room medical cart</td> <td>IV pole ("grab area")</td> <td>Room inner door knob/handle</td> <td>Bathroom handrail</td> <td>Bathroom faucet</td> </tr> <tr> <td>Side table</td> <td>Room sink</td> <td>Call button</td> <td>In-room cabinet</td> <td>Bathroom light switch</td> <td>Toilet flush handle</td> </tr> <tr> <td>Side table handle</td> <td>Room sink faucet</td> <td>PPE container</td> <td>In-room computer/keyboard</td> <td>Toilet seat</td> <td>Toilet/bedpan cleaner</td> </tr> </table>							Bed rail	Chair	Room light switch	TV remote	Bathroom door knob/handle	Bathroom sink	Trey table	In-room medical cart	IV pole ("grab area")	Room inner door knob/handle	Bathroom handrail	Bathroom faucet	Side table	Room sink	Call button	In-room cabinet	Bathroom light switch	Toilet flush handle	Side table handle	Room sink faucet	PPE container	In-room computer/keyboard	Toilet seat	Toilet/bedpan cleaner
Bed rail	Chair	Room light switch	TV remote	Bathroom door knob/handle	Bathroom sink																									
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Side table handle	Room sink faucet	PPE container	In-room computer/keyboard	Toilet seat	Toilet/bedpan cleaner																									
# of Correct Practice Observed ("# Yes"): _____		Total # Environmental Services Observations ("# Observed"): _____ (Up to 15 Total) <i>If practice could not be observed (i.e. cell is blank), do not count in total # Observed.</i>		Adherence _____ % (Total "# Yes" ÷ Total "# Observed" x 100)																										



# Fluorescent Marker Assessment Adherence Monitoring Tool



## Healthcare-Associated Infections Program Adherence Monitoring Fluorescent Marker Assessment Tool

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location. Use this tool in addition to the Environmental Cleaning and Disinfection adherence monitoring tool.

Instructions: Discreetly place fluorescent marker on at least ten (10) high touch surfaces in at least two (2) rooms to be cleaned. Use additional forms as needed. Check fluorescently marked high touch surfaces for each room below. After the room has been cleaned, use a black light to view marked areas. Circle "Yes" if the fluorescent marker was removed completely and "No" if any amount of fluorescent marker appears under the black light. Calculate adherence percentage in the last row.			Adherence by Task	
			# Yes	# Marked Areas
Room #:	Time marked with fluorescent marker:	Time to return:		
<input type="checkbox"/> Bed rail: Yes / No <input type="checkbox"/> Tray table: Yes / No <input type="checkbox"/> Side table: Yes / No <input type="checkbox"/> Side table handle: Yes / No <input type="checkbox"/> Chair: Yes / No <input type="checkbox"/> In-room medical cart: Yes / No	<input type="checkbox"/> Room sink: Yes / No <input type="checkbox"/> Room sink faucet: Yes / No <input type="checkbox"/> Room light switch: Yes / No <input type="checkbox"/> IV pole: Yes / No <input type="checkbox"/> Call button: Yes / No <input type="checkbox"/> PPE Container: Yes / No	<input type="checkbox"/> TV remote: Yes / No <input type="checkbox"/> Room inner door knob/handle: Yes / No <input type="checkbox"/> In-room cabinet: Yes / No <input type="checkbox"/> In-room computer/keyboard: Yes / No <input type="checkbox"/> Bathroom door knob/handle: Yes / No <input type="checkbox"/> Bathroom handrail: Yes / No	<input type="checkbox"/> Bathroom light switch: Yes / No <input type="checkbox"/> Toilet seat: Yes / No <input type="checkbox"/> Bathroom sink: Yes / No <input type="checkbox"/> Bathroom faucet: Yes / No <input type="checkbox"/> Toilet flush handle: Yes / No <input type="checkbox"/> Toilet / bedpan cleaner: Yes / No	
Room #:	Time marked with fluorescent marker:	Time to return:		
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# of Correct Practice Observed ("# Yes"): _____	Total # Marked Areas: (Up to 48 total per form)	Adherence % (Total "# Yes" ÷ "Total # Marked Areas" x 100)		



## Ways to Take Action as a Leader

- Create a group (aka “braintrust”) to come up with QAPI projects.
- Put a face and name to quality problems and bring them up to your QAPI committee.
- Provide QAPI resources, such as tools and training.
- Create an atmosphere of mutual respect and open communication.



## Determine How the QAPI Activities Will Be Reported

- Ensure that your facility has records of your QAPI activities (projects, meeting minutes, agendas, storyboards, and any forms that need to be signed off on by leadership).
- You may be required to present these proofs of QAPI activities to surveyors from the state or CMS.
- These records should also be part of your QAPI committee meetings to ensure deadlines and goals are being met and real change is occurring in your facility.



## Resources

- CDC's Best Practices for Environmental Cleaning in Healthcare Facilities: <https://www.cdc.gov/hai/prevent/resource-limited/introduction.html>.
- CDPH Adherence Monitoring Tools: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx>.
- CMS Guide to QAPI Written Plan: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPI-Plan-How-to-Guide.pdf>.
- LAC DPH TNT website: <http://publichealth.lacounty.gov/acd/TNTProgram.htm>.



# Session Schedule

Session Number	Date	Session Title
1	01/11/2023	Step by Step: Creating an Environmental Cleaning and Disinfection QAPI Performance Improvement Project
2	01/18/2023	Basic Components of an Antibiotic Stewardship Program
3	01/25/2023	Standard and Enhanced Standard Precautions
4	02/01/2023	Transmission-Based Precautions
5	02/08/2023	Preventing Legionellosis in Healthcare Facilities Through a Water Management Program
6	02/15/2023	Infection Prevention Organizations and Certification
7	02/22/2023	Interfacility and Intrafacility Communication
8	03/01/2023	Infection Preventionist as an Educator
9	03/08/2023	Conclusion – What’s Next Post-TNT?



Questions?

