Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

Post-Outbreak Guide

What should a facility do after a confirmed COVID-19 outbreak? This guide will help answer that question. The essential mission after an outbreak is to prevent recurrence. A COVID-19 outbreak is an adverse event. Applying quality assurance and performance improvement (QAPI) principles is the appropriate response to an adverse event. Implementing the facility's adverse event policy and protocols is now the priority.

> **Telligen Tip:**
> This guide is designed to be an electronic tool with active hyperlinks.

The guidelines provided by the Centers for Disease Control and Prevention (CDC) include Managing Investigations During an Outbreak. According to this guideline, a working definition of a COVID-19 outbreak is two or more identified COVID-19 positive contacts or two or more residents testing positive for COVID-19.

> **Before Proceeding:**
> An ongoing preliminary action step is to frequently review CDC Guidelines & Guidance Library to remain as current as possible.

To PIP or not to PIP? This is the question. After an outbreak of COVID-19, the answer to this question is to PIP.

" *It's not enough to do your best; you must know what to do and then do your best.* **"**
- W. Edwards Deming

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QAA
- Committee meets at least quarterly and as needed
- Analyze data
- Charter PIP (Performance Improvement Project)

PIP
- Create charter
- PIP team leader creates agenda and schedules meetings
- Investigate problem or adverse event

RCA & PDSA
- Complete a Root Cause Analysis (RCA)
- Run Plan Do Study Act (PDSA) cycles
- Plan to sustain the improvement

> *We cannot solve our problems with the same thinking we used when we create them.*
> - Albert Einstein

Step One: Activate QAA Committee and Implement QAPI

Telligen Tip:
An immediate action step for leadership is to create space in the involved staff's schedules that allows them to participate in training and improvement activities during work hours.

Why QAPI: Review and interpret 483.75 Quality assurance and performance improvement (QAPI). This tool supports documentation and demonstrates evidence of continuous monitoring and sustainment after a COVID-19 outbreak.

Why QAA: Review and interpret details for Quality assessment and assurance committee in 483.75 Quality assurance and performance improvement Section (g) Quality assessment and assurance of the Requirements for Long term care Facilities.

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> **Telligen Tip:**
> Each week analyze and respond to both facility and community COVID-19 data.

Step Two: Training and Education

Schedule time in all staff's schedules to attend the CMS/CDC trainings for nursing home staff

- CMS-CDC Fundamentals of COVID-19 Prevention for Nursing Home Management
- Targeted COVID-19 Training for Nursing Homes
- Hand-in-Hand—A Training Series for Nursing Homes Toolkit

Step Three: Documents to Review and Update After a COVID-19 Outbreak

1. Facility assessment
2. Emergency preparedness (regulation 483.73 Emergency preparedness)
3. QAPI plan -Template options (regulation 483.75 section (a))
   - Guide for Developing a QAPI Plan
   - QAPI Plan How-To Guide
   - QAPI Self-Assessment Tool
4. Infection prevention and control program- Template options (regulation 483.80 section (a))
   - Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
   - Section 1. Facility Demographics and Critical Infrastructure
   - IPC Risk Assessment

> ⚠️ **Before Proceeding:**
> Review the *Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs)*. This tool, released by the Centers for Medicare & Medicaid Services (CMS), walks through a Root Cause Analysis (RCA) to investigate events in your facility (e.g., adverse event, incident, near miss, complaint).

Step Four: Complete RCA with PIP-Guided by Results of Risk Assessment and IP Assessment

> **Telligen Tip:**
> Select the tools and resources from the list below.

☐ **Step 1: Investigate: gather preliminary information about COVID-19 outbreak**. Review assessments, reports, and COVID-19 data including test results and screening documentation.

☐ **Step 2: Select PIP team members and team leader:** Review team charter if created by QAA committee or complete a team charter if one is not available. Schedule team meetings and create agenda.

☐ **Step 3: Describe what happened:** Begin meeting, review relevant reports and documentation including IP and risk assessments, **c**heck for guideline updates, create a flow chart, or map steps in infection prevention process as it should be performed as well as one that illustrates how it is currently being performed.

☐ **Step 4: Identify the contributing factors:** Utilizing flow charts, identify gaps, contributing factors (situations, circumstances, and conditions) that led to the process breakdown.

☐ **Step 5: Identify the root causes:** Decide if Five (5) Whys, Fishbone or Affinity Grouping will be the RCA method used. Prioritize uncovered root causes.

☐ **Step 6: Design and implement changes to eliminate the root causes:** Select the highest prioritized root causes and select an intervention or change idea that has the potential to eliminate or improve the targeted root cause**.**

☐ **Step 7: Measure the success and sustain the changes:** Complete PDSA (plan do study act) to confirm change is an improvement, create plan to implement and sustain improvement**.**

> *It is not the strongest of the species that survives, nor the most intelligent that survives.*
> *It is the one that is the most adaptable to change, that lives within the means available and works co-operatively against common threats.*
> **-Charles Darwin**

Tools and Resources

1. [Action Plan template](#)
2. [Performance Improvement Project (PIP) Launch Check List](#)
5. [TEAM CHARTER](#)
   - [Worksheet to Create a Performance Improvement Project Charter](#)
6. [Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs)](#)
   - [Performance Improvement Project (PIP) Documentation](#)
7. [Flowchart Guide](#)
8. Complete root cause analysis (RCA)
   - [Root Cause Analysis Tool Selection Guide](#)
   - [RCA Pathway](#)
     - [Five Whys Tool for Root Cause Analysis](#)
     - [Five Whys Worksheet](#)
     - [How to Use the Fishbone Tool for Root Cause Analysis](#)
     - [Fishbone Diagram Worksheet](#)
     - [Brainstorming, Affinity Grouping, and Multi-Voting Tool](#)
9. [All Cause Harm Prevention in Nursing Homes](#)
10. [National Nursing Home Quality Care Collaborative Change Package](#)
11. Complete PDSA
    - [PDSA Guide](#)
    - [PDSA Worksheet](#)
    - [CMS PDSA Template](#)
12. [Sustainability Decision Guide](#)