

# Blueprint for Success Series: Part 4

## Building Blocks 8-10

The **Comagine Health Blueprint for Success Series** for assisted living facilities (ALFs) includes step-by-step instructions, templates and tools for creating and revising a best practice Infection Prevention and Control Program (IPCP). At the end of the series, a toolkit will be compiled containing all building blocks overviews, the forms and tools associated with each of the 10 building blocks, as well as templates and examples for reference.

### Blueprint Curriculum

Building Block No. 1 – Oversight for IPC Program

Building Block No. 2 – Designated Infection Prevention Specialist

Building Block No. 3 – Annual IPCP Assessment Process

Building Block No. 4 – Infection Control Policies and Procedures

Building Block No. 5 – Health Care Environmental IPCP

Building Block No. 6 – IPCP: Education for Residents and Staff

Building Block No. 7 – IPCP: Health for Residents and Staff

**Building Block No. 8 – Health Care Surveillance Program**

**Building Block No. 9 – IPCP Emergency Preparedness**

**Building Block No. 3 – Quality Assurance/Performance Improvement**

## Goals of the Infection Prevention and Control Program



## Building Block No. 8

### Healthcare Surveillance Program

**WHAT?** The surveillance plan is a simple process where the IPS identifies key things related to infection control to monitor/audit. Then the results (data) from that activity is put into a format so it can be reviewed and used to analyze if there are improvements needed for infection control reasons.

**WHY?** Data is required to be able to objectively monitor processes and outcomes and make decisions about interventions when needed.

**HOW?** The IPS can use the tool in the template and resource section to identify several key infection control related things to monitor and provide the results to the IPCP Oversight committee/group regularly.



## Building Block No. 9

### IPCP Emergency Preparedness

Mitigate potential disease transmission	Emerging infectious diseases
<ul style="list-style-type: none"><li>• Supplies (e.g. PPE, soap, hand rub, disinfectant, etc.)</li><li>• Trash and biohazardous waste</li><li>• Environmental contamination</li><li>• Potable water</li><li>• Communication internally/externally</li></ul>	<ul style="list-style-type: none"><li>• Novel outbreaks</li><li>• Highly communicable diseases</li><li>• Pandemics</li><li>• Infectious resident surge</li><li>• Bioterrorism</li></ul>

**WHAT?** Mitigation of potential disease transmission must be considered when a disaster or an emergency occurs, such as during and after a fire, natural disaster, or utility failure. The emergency preparedness plan must also include preparedness for emerging infectious diseases. This may include outbreaks of novel or “new” pathogens, highly communicable diseases or high threat pathogens, such as Ebola, avian flu, SARS, SARS CoV2, etc, pandemics, such as COVID-19 or influenza, a surge in infectious residents, and bioterrorism.

**WHY?** Preparedness plans capture the assisted living community’s approach to meeting the health, safety, and security needs of staff and residents during an emergency or disaster. The plan will also protect residents, families, and staff from harm resulting from exposure to an emerging infectious disease while they are in the assisted living community.

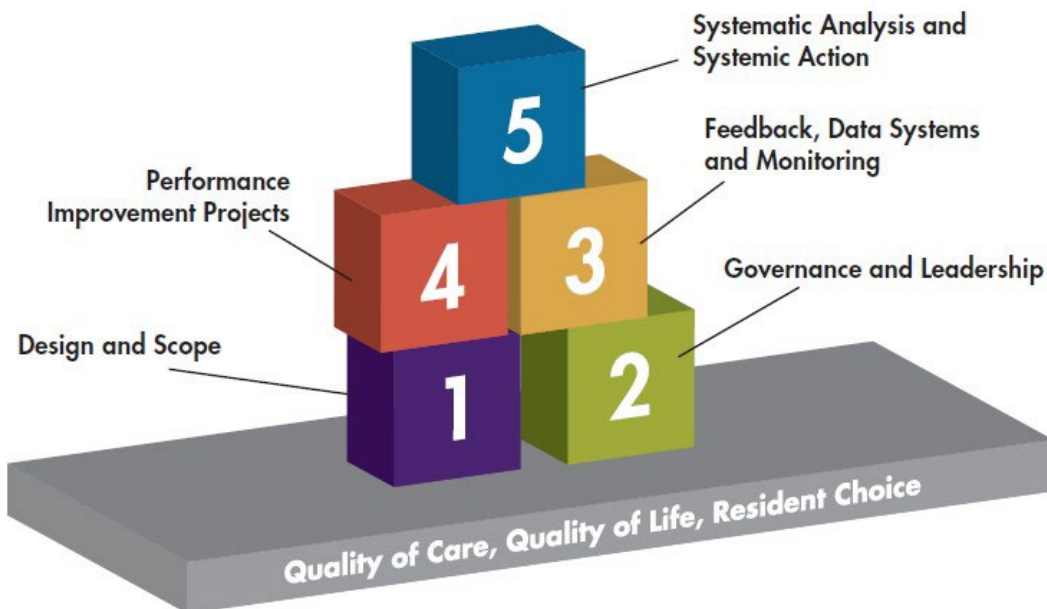
**HOW?** Ensure that infection prevention and control measures are included in the preparation and planning of disaster and emergency preparedness plans. The emerging infectious diseases preparedness plan consists of several elements, including persons assigned responsibility, facility communication, supplies and resources, identification and management of ill residents, considerations for visitors, occupational health, education and training, and surge capacity.

## Block No. 10

### Quality Assurance/Performance Improvement

#### Five Elements for Framing QAPI in Nursing Homes

*CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.*



**WHAT?** Using a systematic approach to make observations on Infection Control practices and create improvement plans when needed is an evidence-based approach to a program of excellence.

**WHY?** Using this approach is easy, reproducible, and effective.

**HOW?** Using the template along with the resources in the toolkit, the IPS can develop a PIP when indicated by surveillance and other means which will help monitor the effectiveness of interventions and measure improvement.

#### **Part 4 Attachments**

- *Attachment 1:* ALF Rounding Tool: EVS Carts and Closets Practices
- *Attachment 2:* ALF Checklist: Emerging Infectious Diseases Preparedness
- *Attachment 3:* ALF ICPC PIP Template

# ALF Rounding Tool: EVS Carts and Closets Practices

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_ Unit/Location: \_\_\_\_\_

IPC Monthly Rounds	Yes	No	N/A	Comments
<b>EVS Carts</b>				
1. Are disinfectants being used all approved by IC and are EPA-registered hospital-grade disinfectants?				
2. Are all chemicals in appropriate containers and labeled correctly?				
3. Are disinfectant and antiseptic products within expiration dates?				
4. Are chemicals being used per manufacturer's directions for mixing and use?				
5. Is there physical separation of clean and dirty items?				
6. Is paper stored above liquids to reduce contamination risk?				
7. Is "Johnny mop" located on front deck or similar area of cart with other "dirty" tools and processes?				
8. Is the cart lock in working order?				
9. Is cart locked when unattended?				
10. Is cart clean in appearance, well-organized and all surfaces cleanable?				
11. Are dusting tools being used in resident care areas that support damp dusting techniques (no feather dusters or Swiffers in use, etc.) with high-reach handles?				
12. Do textiles (cloths/mops) appear to be in good condition and visibly clean in appearance prior to use?				
13. Do disinfectant bottles have pour spouts (vs. spray bottles)?				
14. Is cart free from food and drink?				
15. Is cart free from personal items (purse, phones, etc.)?				

<b>EVS Closets</b>				
16. Is closet neat, clean and sanitary in appearance and in good repair?				
17. Are supplies stored on shelves, paper above liquid, clean items off of floor?				
18. Are paper items stored away from water source?				
19. Do floors in closet appear to be cleaned and disinfected on regular basis?				
20. Is the floor sink clean and sanitary in appearance?				
21. Are equipment items clean and sanitary in appearance?				
22. Do all chemical containers have labels?				
23. Are all products in closet within expiration dates?				
24. Is closet free from dirty items, including mops, dirty mop buckets and other items that would be considered "dirty"?				
25. Is eye protection available and used by staff when handling opened, concentrated disinfectant, including dispensing from the bulk mixing cabinet?				
<b>Is EVS staff present?</b> If yes, name: _____				
26. Are dress code and hygiene policies, including fingernail policy, followed?				
27. Does employee know name of disinfectant and length of undisturbed "contact time" required for effective disinfection?				
28. Is a standard policy being followed for room cleaning that includes moving in one direction around the room, moving from high to low and from cleanest to dirtiest areas?				
<b>Notes including any recommendations for improvement:</b>				

# Assisted Living Facility (ALF) Checklist: Emerging Infectious Diseases Preparedness

Date: Click or tap to enter a date. Completed by: Click or tap here to enter name.

Structure for planning and decision making	Completed	In progress	Not started	Comments
1. Emerging infectious disease preparedness has been incorporated into emergency management planning for the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
2. A multidisciplinary planning committee or team* has been created specifically to address emerging infectious disease preparedness planning <i>*An existing emergency or disaster preparedness team may be assigned this responsibility</i> <b>List committee's or team's name:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
3. People assigned responsibility for coordinating emerging infectious diseases preparedness planning <b>Insert name(s), title(s), and contact information:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
4. Members assigned to the planning committee or team <b>Insert names, titles, &amp; contact information:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
5. The facility's emerging infectious diseases coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other emerging infectious diseases plans <b>Insert groups and contact information:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Development of a written emerging infectious diseases preparedness plan	Completed	In progress	Not started	Comments
6. A copy of the emerging infectious diseases preparedness plan is available at the facility and is accessible by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
7. Relevant sections of federal, state, regional or local plans for emerging infectious diseases are reviewed for incorporation into the facility's plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8. The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
9. The facility plan includes the "elements" listed below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.



Elements of an emerging infectious diseases plan	Completed	In Progress	Not Started	Comments
<b>General</b>				
10. A plan is in place for protecting residents, healthcare personnel and visitors from emerging infectious diseases that addresses the elements that follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
11. A person has been assigned responsibility for monitoring public health advisories (federal and state) and updating the emerging infectious diseases coordinator and members of the emerging infectious diseases preparedness planning committee or team when an emerging infectious disease is in the geographic area <b>Insert name, title, and contact information of person responsible</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
12. The facility has a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident’s suspected or confirmed diagnosis (e.g., presence of symptoms of or known emerging infectious disease) prior to transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
13. The facility has a system to monitor for, and internally review, development of emerging infectious diseases among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
14. The facility has infection control policies that outline the recommended transmission-based precautions that should be used when caring for residents with communicable diseases/conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
15. The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed emerging infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Facility communications</b>				
16. Key public health points of contact during an emerging infectious disease outbreak have been identified <i>Insert name, title, and contact information for each</i> <b>Local health department contact:</b> Click or tap here to enter text. <b>State health department contact:</b> Click or tap here to enter text. <b>State long-term care professional/trade association:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
17. A person has been assigned responsibility for communications with public health authorities during an emerging infectious disease outbreak <b>Insert name and contact information:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

18. Key preparedness (e.g., health care coalition) points of contact during an emerging infectious disease outbreak have been identified <b>Insert name, title, and contact information for each:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
19. A person has been assigned responsibility for communications with staff, residents and their families regarding the status and impact of the emerging infectious disease in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
20. Contact information for family members or guardians of the facility residents is up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
21. Communication plans include how-to signs, phone trees, and other methods of communication, which will be used to inform staff, family members, visitors and other persons coming into the facility about the status of the emerging infectious disease in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
22. A list has been created of other healthcare entities and their points of contact with whom it will be necessary to maintain communication during an outbreak (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services and relevant community organizations – including those involved with disaster preparedness) <b>Attach a copy of contact list</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
23. A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Supplies and resources</b>				
24. Alcohol-based hand sanitizer for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
25. Sinks are well-stocked with soap and paper towels for hand washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
26. Signs are posted immediately outside of resident rooms indicating appropriate IPC precautions and required personal protective equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
27. Facility provides tissues and facemasks for coughing people near entrance and in common areas with no-touch receptacles for disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
28. Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
29. Facilities should have supplies of face masks, respirators (if facility has a respiratory protection program with trained, medically cleared and fit-tested HCP), gowns, gloves and eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
30. Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

before providing care for another resident in the same room				
31. Facility ensures HCP have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment (products with EPA-approved specific pathogen claim or emerging pathogen claims are recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
32. The facility has a process to monitor supply levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
33. The facility has a contingency plan, which includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Identification and management of ill residents</b>				
34. The facility has a process to identify and manage residents with symptoms of the emerging infectious disease upon admission and daily during their stay in the facility, which include implementation of appropriate transmission-based precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
35. The facility has criteria and a protocol for initiating active surveillance for the emerging infectious disease among residents and HCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
36. The facility has developed plans on how to immediately notify the health department for clusters of the emerging infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
37. The facility has criteria and a protocol for limiting symptomatic and exposed residents to their room, halting group activities and communal dining and closing units or the entire facility to new admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
38. The facility has criteria and a process for cohorting residents with symptoms of the emerging infectious disease, including dedicating HCP to work only on affected units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Considerations about visitors</b>				
39. The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have symptoms of the emerging infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
40. The facility has criteria and protocol for when visitors will be limited or restricted from the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
41. Should visitor restrictions be implemented, the facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted (e.g., end of life situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Occupational health</b>				
42. The facility has sick leave policies that are non-punitive, flexible and consistent with public health policies that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

allow ill HCP to stay home				
43. The facility instructs HCP (including consultant personnel) to regularly monitor themselves for symptoms of the emerging infectious disease, as a part of routine practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
44. The facility has a process to actively screen HCP for symptoms of the emerging infectious disease when they report to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
45. The facility has a process to identify and manage HCP with symptoms of the emerging infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
46. The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
47. The facility has a respiratory protection plan that includes medical evaluation, training and fit testing of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Education and training</b>				
48. The facility has plans to provide education and training to HCP, consulting HCP, residents and family members of residents to help them understand the implications of, and basic prevention and control measures for the emerging infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
49. A person has been designated with responsibility for coordinating education and training of the emerging infectious disease (e.g., identified and facilitates access to available programs, maintains a record of personnel attendance) <b>Insert name, title, and contact information:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
50. Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents and family members of residents (e.g., available through state and federal public health agencies and through professional organizations), and a plan is in place for obtaining these materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
51. Plans and material developed for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of the emerging infectious disease, including: <input type="checkbox"/> Signs and symptoms of the emerging infectious disease <input type="checkbox"/> How to monitor residents for signs and symptoms of the emerging infectious disease <input type="checkbox"/> How to keep residents, visitors, and HCP safe by using correction infection control practices including hand hygiene and selection and use of PPE. Training should include return demonstration <input type="checkbox"/> Staying home when ill <input type="checkbox"/> HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, and unrecognized infectious patient contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

52. The facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
53. Informational materials (e.g., brochures, posters) on the emerging infectious disease and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Surge capacity</b>				
• <b>Staffing</b>				
54. A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on the residents' health status, functional limitations, disabilities and essential facility operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
55. A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during the emerging infectious disease outbreak <b>Insert name, title, and contact information:</b> Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
56. Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
57. The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
• <b>Consumables and durable medical equipment and supplies</b>				
58. Estimates have been made of the quantities of essential resident care materials and equipment and personal protective equipment that would be needed during an eight-week outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
59. Estimates have been shared with local, regional and tribal planning groups to better plan stockpiling agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
60. A plan has been developed to address likely supply shortages (e.g., PPE), including strategies for using normal and alternative channels for procuring needed resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
61. A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals and other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

62. A process is in place to track and report available quantities of consumable medical supplies including PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>• Postmortem care</b>				
63. A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
64. An area in the facility that could be used as a temporary morgue has been identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
65. Local plans for expanding morgue capacity have been discussed with local and regional planning contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<p>This checklist has been derived and generalized for emerging infectious diseases from:          CDC: <a href="#">COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings</a></p>				

# Performance Improvement Project (PIP) Template

The purpose of this PIP is to address an identified opportunity for improvement in the infection prevention and control program at the assisted living facility. This form should be completed by the PIP team and used as a guide to support improvement efforts.

**Date:** Click or tap here to enter text.

**Title of PIP:** Click or tap here to enter text.

## Identify the concern/opportunity being addressed by this PIP:

Click or tap here to enter text.

## Identify the goal – write one sentence on what this PIP aims to achieve:

Click or tap here to enter text.

## Activity goals - list activities that will help you reach goal:

Click or tap here to enter text.

## Document lessons learned - after completing the PIP and reporting it to the quality IPC group:

Click or tap here to enter text.

**Determine next steps, based on results of surveillance audits after interventional training and coaching process. It is important to ensure the intervention is working and that the performance improvement will be sustained.**

Click or tap here to enter text.