



Building Infection Prevention Practices that Endure

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Learning Objectives

After completion of this education offering, learners will be able to

- Describe best practices for standard precautions, enhanced barrier precautions (EBP), and transmission-based precautions
- Identify the components of infection prevention program that support implementation of these best practices
- Describe tactics to ensure facility-wide understanding and compliance with infection prevention best practices
- Identify what data or findings might trigger additional intervention



Disclaimer

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- This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis, or treatment.
- Always follow your local and state health department guidelines.



Think to yourself...

- Has your facility been cited for an infection control concern?
- Have you ever had an outbreak at your facility?
- Have any of your residents acquired an infection from your facility?
- Are you confident that your staff use hand hygiene whenever required?
- Do all your staff know how to use EBP?
- Do you feel like you are always educating, but aren't seeing improvements?

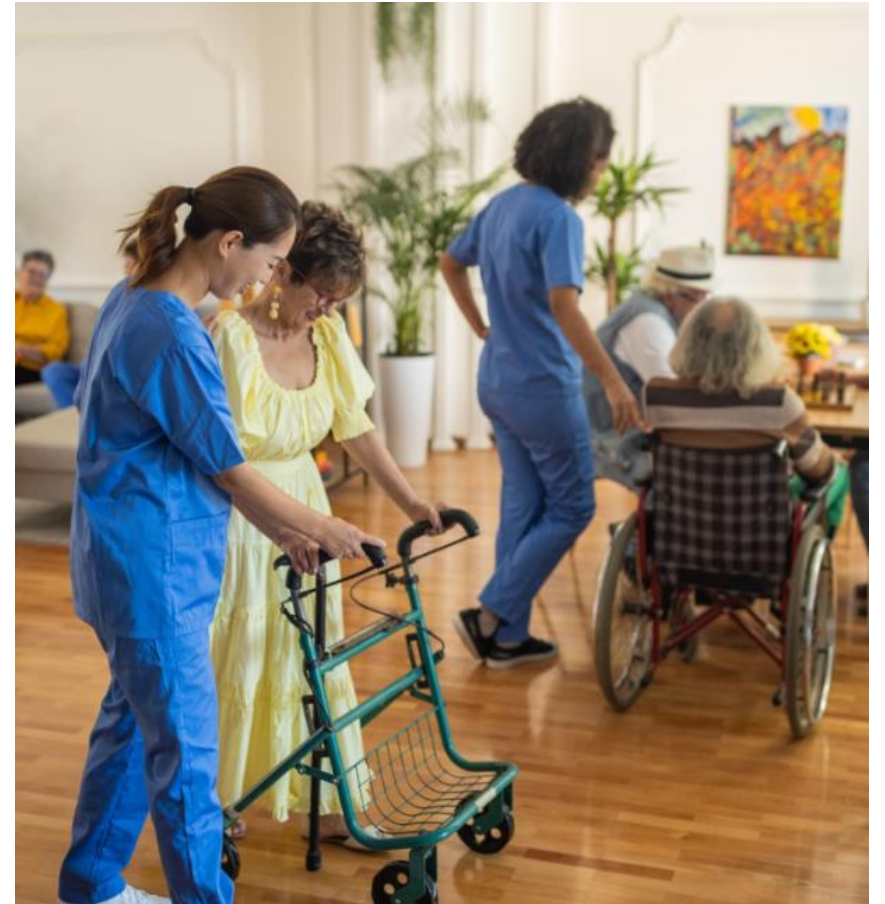


Healthcare Associated Infections (HAIs)

- 1 in 4 adverse events among SNF residents are due to HAIs
- >50% of HAIs are preventable
- HAIs are associated with
 - Longer length of stay
 - Use of higher intensity care
 - Increased mortality
 - Increased cost

Infection Prevention and Control is one of the top regulatory citations

- Failure to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections

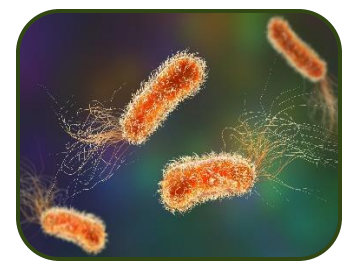


Acumen & CMS, Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization for the Skilled Nursing Facility Quality Reporting Program (Feb 2021)



Susceptible Host

Infectious Agent



Reservoir



Chain of Infection



Portal of Entry

Portal of Exit



Mode of Transmission



Breaking the Chain With the Basics



Standard Precautions



Enhanced Barrier Precautions



Transmission-based Precautions

Standard Precautions

Applies to EVERYONE

Includes:

- Hand hygiene
- Personal protective equipment (PPE) based on anticipated exposure
- Respiratory hygiene
- Cleaning and disinfection of equipment and the environment
- Careful handling of textiles and laundry
- Safe injection practices



Transmission-based Precautions

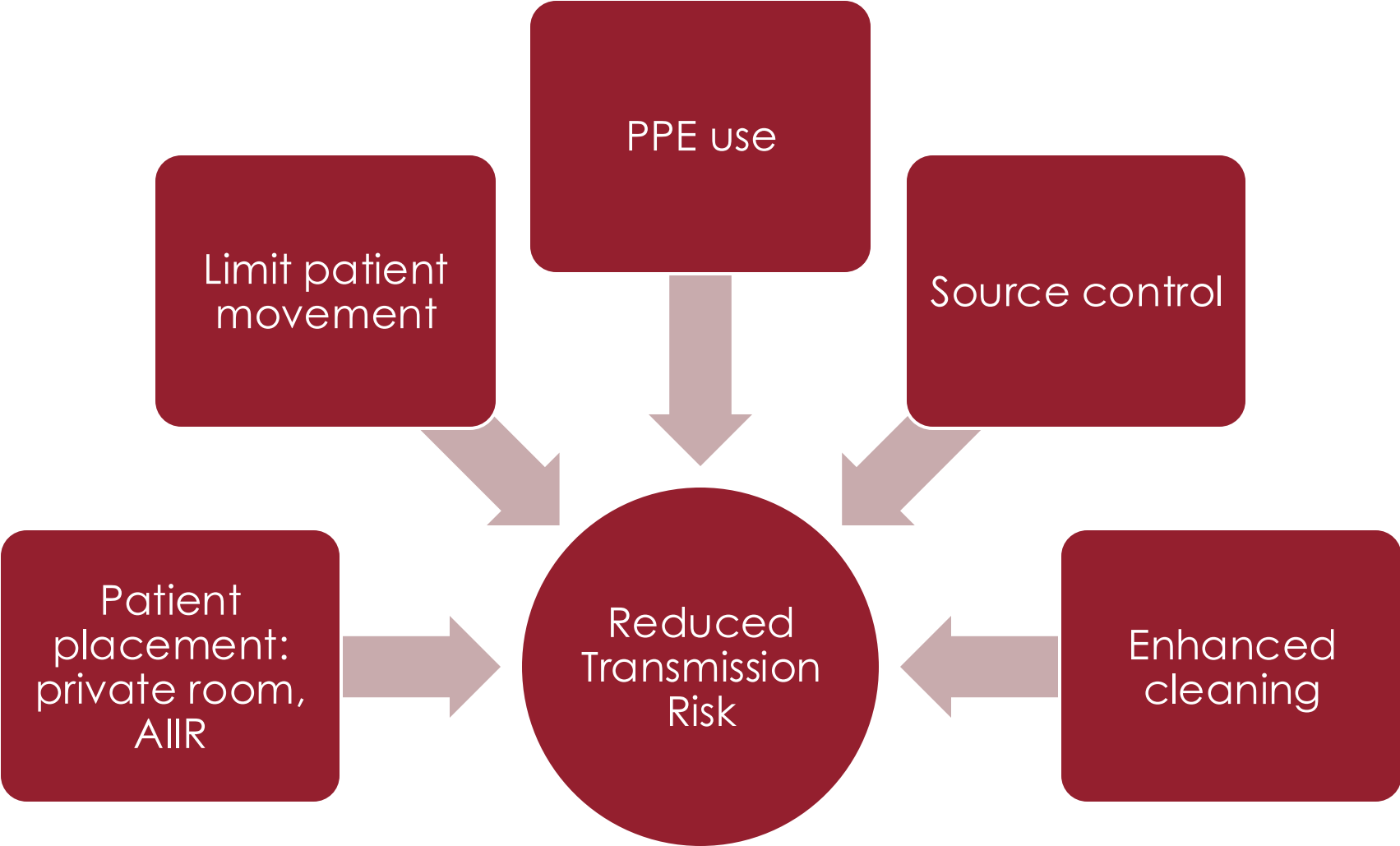
Applies to patients/residents with certain known or suspected infections

- Used **IN ADDITION TO** standard precautions

Types

Contact	Droplet	Airborne
Gown Gloves	Mask	N-95 or PAPR
Used for infections spread by direct contact	Used for infections spread by respiratory droplets	Used for infections spread by airborne route
MDROs, scabies, <i>C. diff</i> , norovirus	Influenza, pertussis, meningitis	Tuberculosis, measles

Transmission Based Precautions



Enhanced-Barrier Precautions (LTC only)

Applies to:

- Patients infected or colonized with an MDRO
- Any patient with wounds and/or indwelling medical devices

Use of gown and gloves with high contact activity

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing



STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

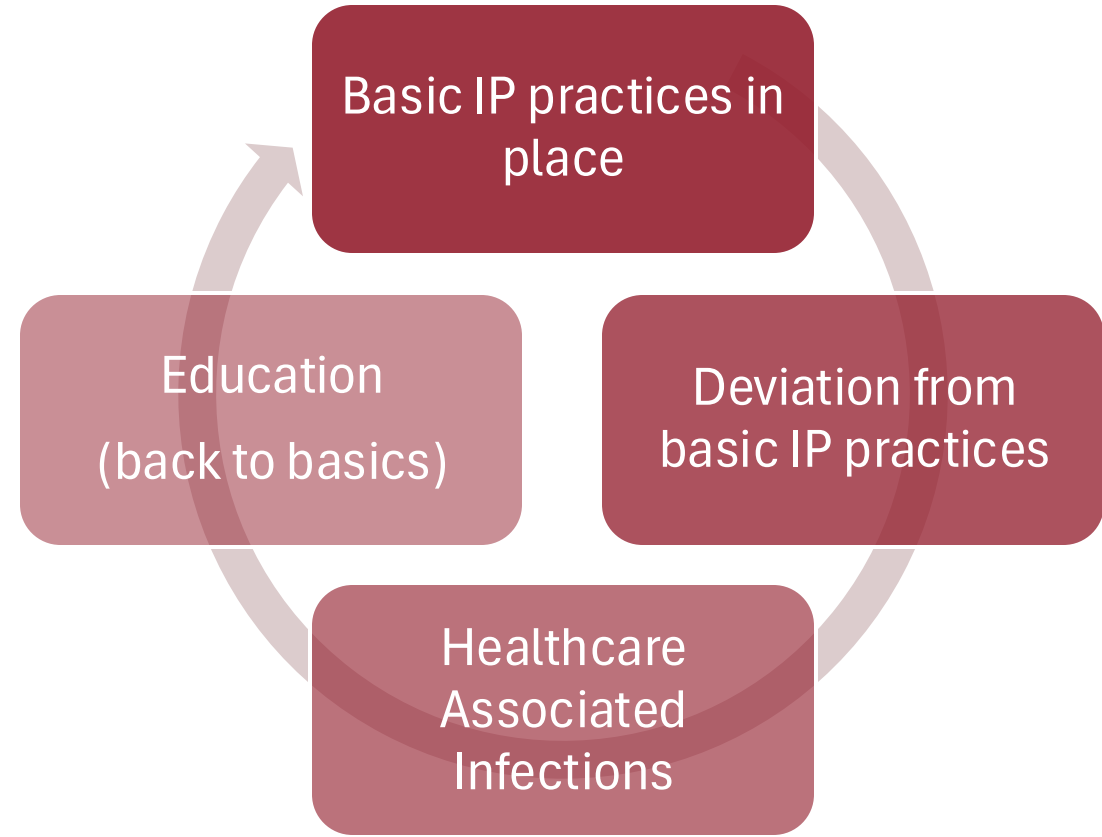
 Wear gloves and a gown for the following High-Contact Resident Care Activities.
Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting
Device care or use:
central line, urinary catheter, feeding tube, tracheostomy
Wound Care: any skin opening requiring a dressing

 Do not wear the same gown and gloves for the care of more than one person.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

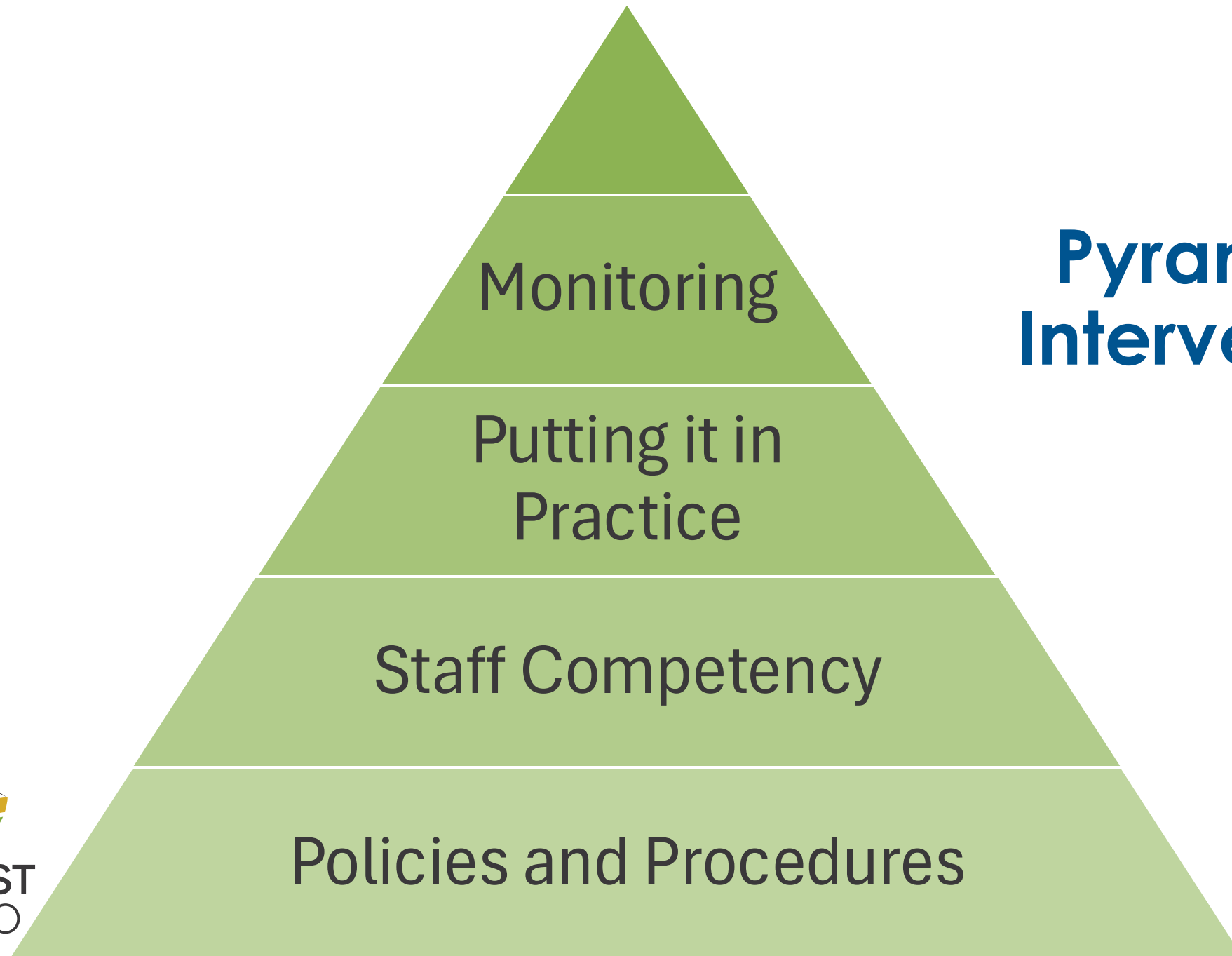
<https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>

What happens when the basics break down?

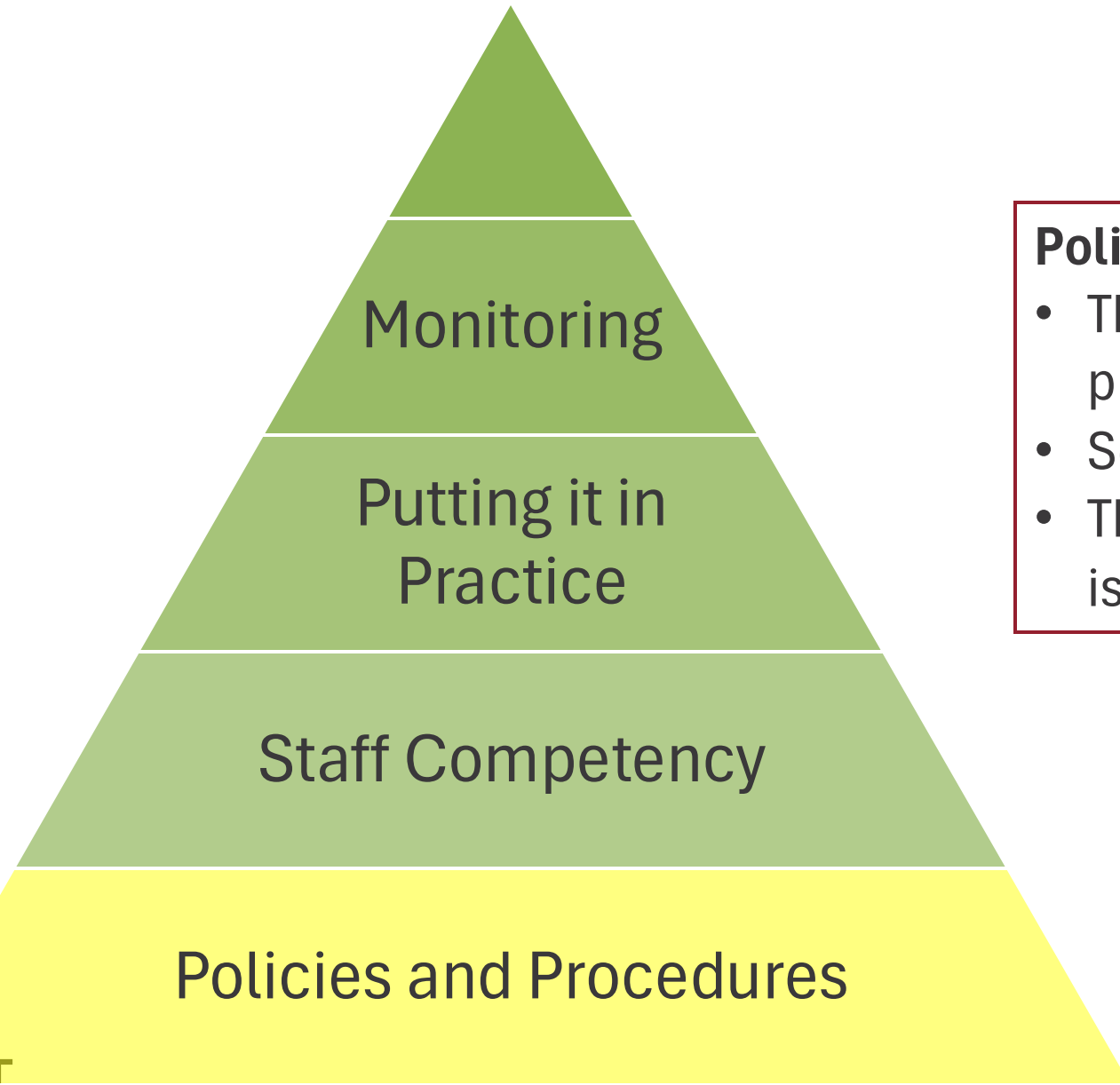


- Respiratory infections
- Gastrointestinal infections
- Wound infections
- Device infections

Pyramid of Interventions



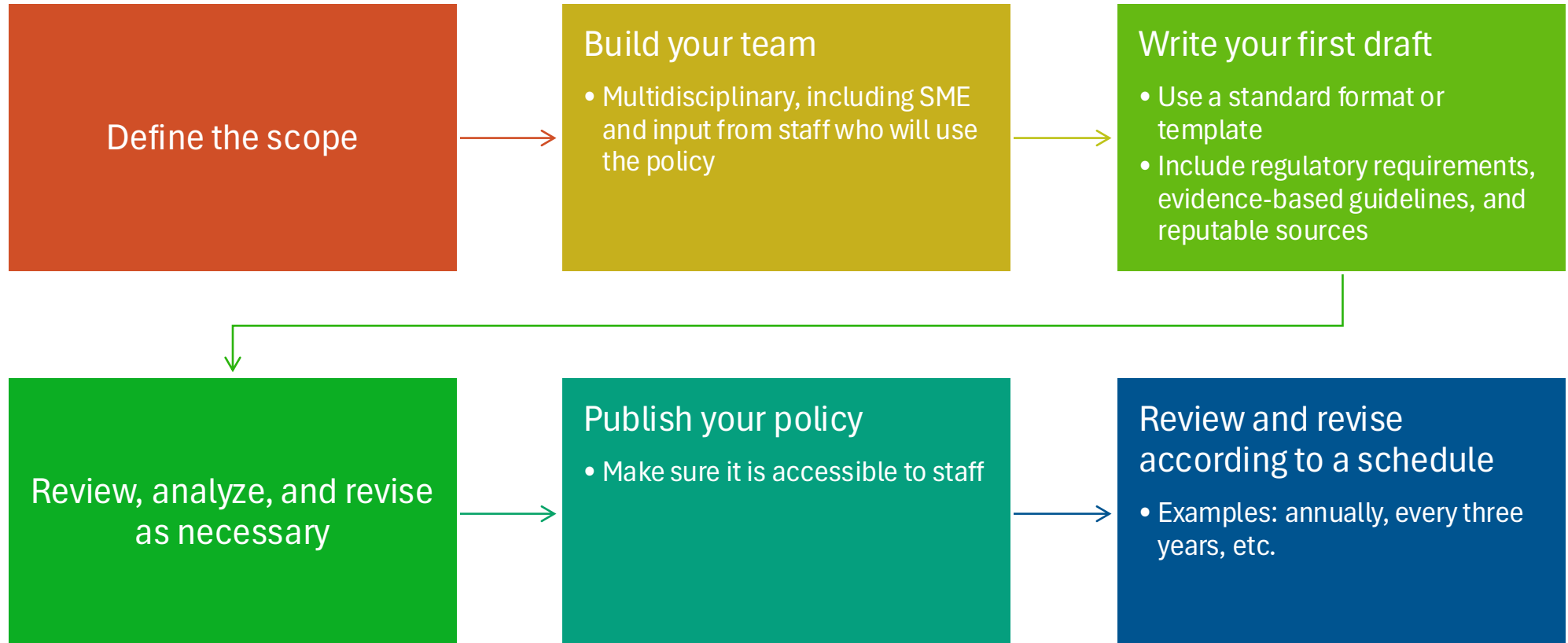
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Policies and Procedures

- The foundation to good infection prevention practices
- Sets the expectations
- The process of writing and review is just as important as the policy

Writing your policy



Policy Title: Hand Hygiene

Last Reviewed: [insert date of organization’s review]

Review Cycle: [insert no. of years set by organization]

Authors: [insert names of individuals responsible for writing organization’s policy]

Reviewers/Editors: [insert names of individuals responsible for reviewing/editing organization’s policy]

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Courtesy of APIC Policy Pro sample policy: <https://apic.org/wp-content/uploads/2024/05/Hand-Hygiene.pdf>



Practice guidance for your policies

Type	Examples	Description	Requirement	Risk of non-compliance
Regulatory	EPA, FDA, CMS, OSHA	Legally binding standards or rules set forth by government or regulatory bodies	Mandatory	Penalties, fines, legal consequences
Accrediting bodies	TJC, AAAHC, DNV	Standards set by private accreditation bodies	Required if they accredit your facility	Loss of certification or deemed status
Guidelines and recommended practices	CDC, WHO, APIC, SHEA	Research based recommendations and benchmarks for best practices from government or professional bodies	Not required, but may be expected by regulatory or accrediting bodies	Must have rationale for NOT following these, may have penalties if tied to regulatory findings
Manufacturer's instructions for use	Glucometer, disinfectant, beds, etc.	Instructions for how to correctly use or clean equipment, chemicals, etc.	Mandatory	May have penalties if tied to regulatory findings

A good policy...

- Is easy to read
 - Uses plain language
 - Defines key terms and acronym
 - Follows a structured format
- Is broad and clear
 - Able to be applied to changing or unexpected circumstances
 - Words like “should” and “may” allow for clinical judgement, while words like “must” and “shall” are prescriptive
- Is applicable to your facility
 - A nursing home policy might look different than a hospital
 - A critical access hospital policy might look different than a large medical center



Policies vs Procedures

Policy

- Big picture, high level
- Widespread application
- Changes infrequently
- States the “what” and “why”

Conveys
expectations

Procedures

- Narrow focus
- Detailed process or steps
- Subject to change
- States the “how,” “when,” “what,” and “who”



Standard Precautions

Base Policy

Includes things such as

- Risk assessment for PPE selection
- Respiratory etiquette

Commonly Linked Policies

- Hand hygiene
- Cleaning and disinfection
- Medication management (injection safety)
- Bloodborne Pathogen Exposure

Customize to YOUR facility



Enhanced Barrier Precautions

Who does this apply to?

- Included organisms
- Included (and excluded) devices
- Included wounds

What activities does this apply to?

Who is responsible for determining EBP needs?



Define which MDROs?

MDROs: CDC Target Organisms

- Pan-resistant organisms,
- Carbapenemase- producing/ carbapenem-resistant Enterobacterales
- Carbapenemase-producing/ carbapenem-resistant Pseudomonas
- Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii
- Candida auris
- Novel or emerging MDRO

MDROs: Epidemiologic Importance

- Based on your risk assessment!!

May include:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Extended-Spectrum Beta-Lactamase (ESBL)-producing Enterobacterales
- Vancomycin-resistant *Enterococci* (VRE),
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*



Define which wounds and devices

Devices that ARE indications for EBP	Devices or openings that ARE NOT indications for EBP
<ul style="list-style-type: none"> ▪ Central vascular lines (including hemodialysis catheters) ▪ Indwelling urinary catheters ▪ Feeding tubes ▪ Tracheostomy tubes 	<ul style="list-style-type: none"> ▪ Dialysis ports covered by skin ▪ Peripheral IV ▪ Continuous glucose monitoring ▪ Insulin pump ▪ Healed open tracheostomy stoma ▪ Colostomy or ileostomy ▪ Other devices fully embedded within the body
Wounds that ARE indications for EBP	Wounds that ARE NOT indications for EBP
<ul style="list-style-type: none"> ▪ Chronic wounds ▪ Pressure injuries (open) ▪ Diabetic foot ulcers ▪ Unhealed surgical wounds ▪ Chronic venous stasis ulcers 	<ul style="list-style-type: none"> ▪ Small abrasions or skin tears that can be covered with a bandage



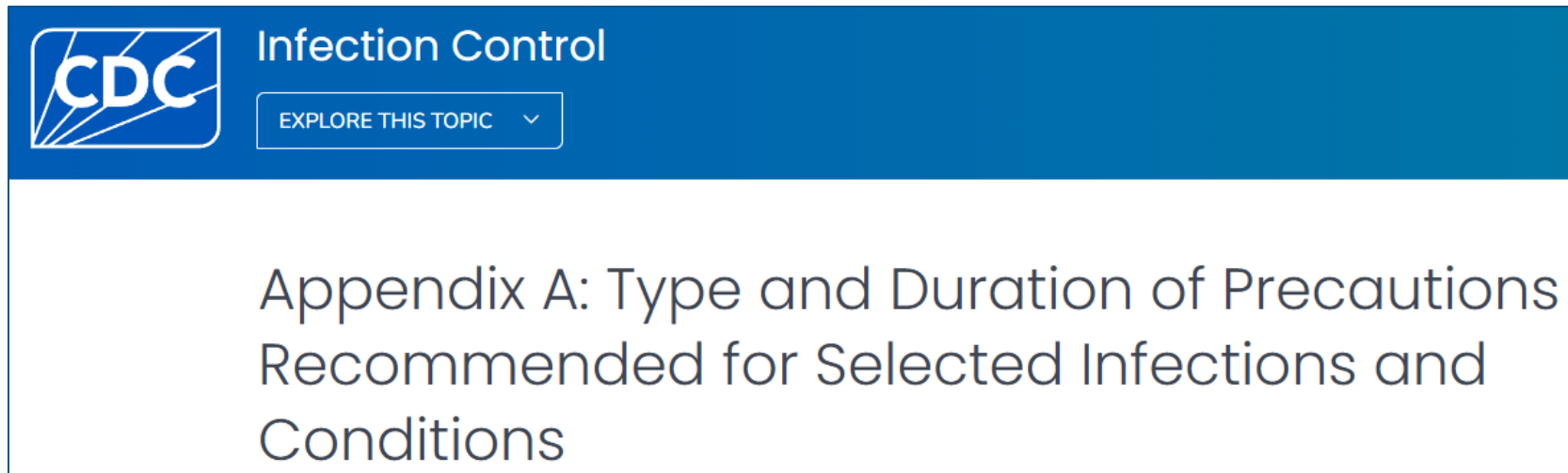
Define who uses it and with what activities

Who	What Activities
Nurses, CNAs, techs (or similar role)	<ul style="list-style-type: none">▪ AM/PM cares: transferring, dressing, brushing teeth, shaving, combing hair▪ Bathing/showering▪ Changing briefs or toileting▪ Device care▪ Wound care
Therapists (PT, OT, ST)	<ul style="list-style-type: none">▪ Transferring and close contact with therapy▪ ADL training and assistance▪ Wound care (if certified)
Environmental Services staff	<ul style="list-style-type: none">▪ Changing linens▪ Cleaning immediately around the bed (nightstand, tray table, etc.)

Check the [CDC FAQs](#) to make sure this section is clear

Transmission Based Precautions

- Outlines expectations and responsibilities
- Includes process for identification and notification
- Identifies which disease processes are included



The screenshot shows a blue header with the CDC logo and the text 'Infection Control'. Below the header is a white box containing the title 'Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions'. A button labeled 'EXPLORE THIS TOPIC' with a dropdown arrow is visible in the header area.

<https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html>

Help with writing policies



Connect with other organizations

- Use sample or public policies

Connect with public health resources

- [Project Firstline sample policies](#)

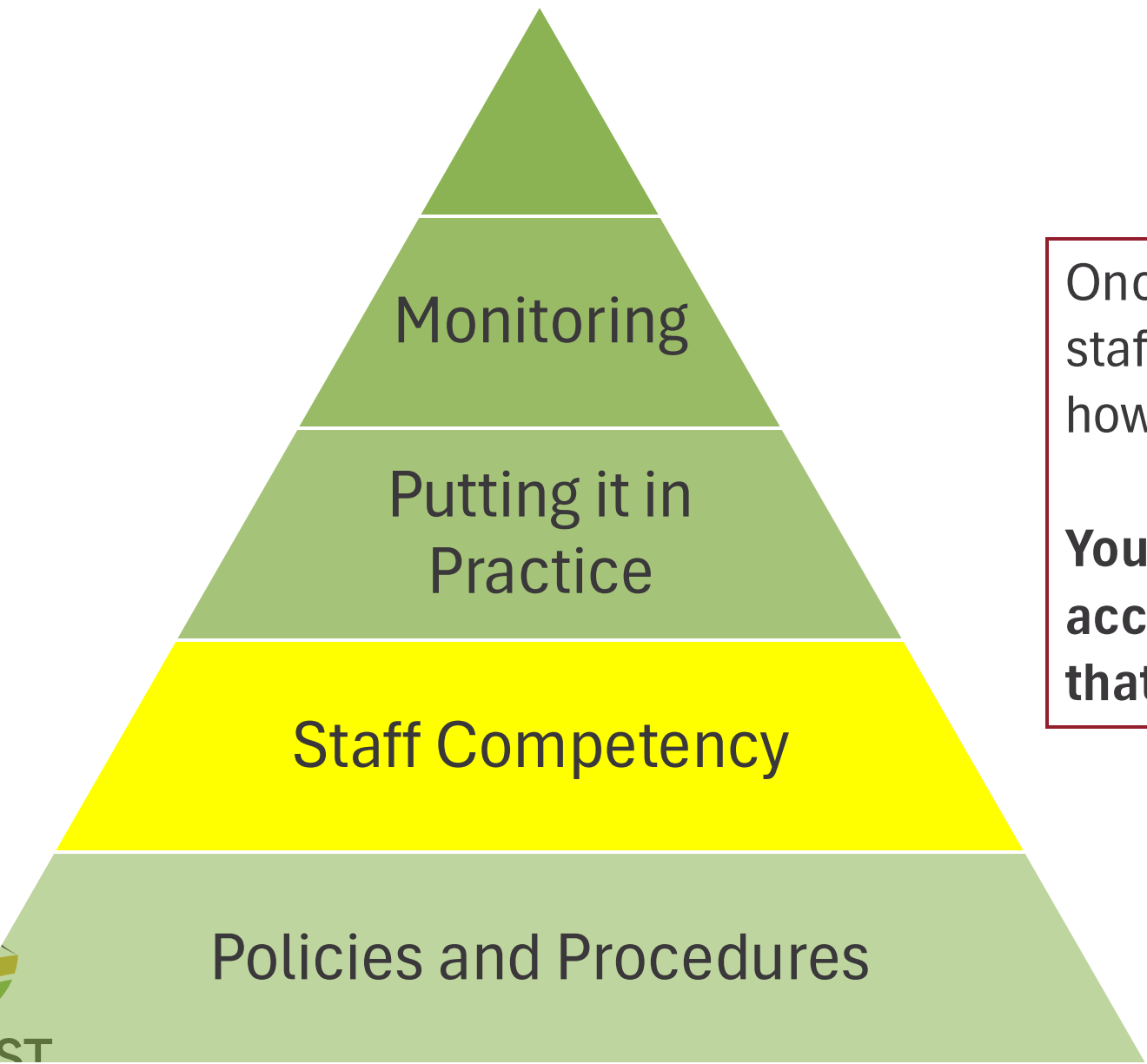
Utilize professional organizations (\$\$)

- APIC Policy Pro

Use of AI

- Use with caution!





Once your policy is written, your staff need to know about it and how to implement

You cannot hold staff accountable to expectations that they do not know

Facilities should, “develop processes to ensure that all healthcare personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities.”

“Require training before individuals are allowed to perform their duties and at least annually as a refresher. Provide additional training in response to recognized lapses in adherence and to address newly recognized infection transmission threats (e.g., introduction of new equipment or procedures).”

–CDC ICAR, Training, Auditing, and Feedback



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Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 1: Training, Auditing and Feedback Facilitator Guide

Training, Auditing and Feedback: This form is intended to aid an ICAR facilitator in generally assessing areas where training, auditing, and feedback are performed by the facility. Additional questions allow for a more detailed assessment of specific areas (e.g., hand hygiene, environmental cleaning).

At a minimum, a more detailed assessment should be conducted if interviews or observations identify gaps in a particular area. For example, if gaps in device reprocessing are identified during the ICAR assessment, a more detailed assessment of device reprocessing training, auditing and feedback, using the additional questions, might be warranted.

Training

1. Does the facility provide job-specific education and training in the following areas? *(Select all that apply)*

- Hand hygiene
- Use of personal protective equipment
- Cleaning and disinfection of environmental surfaces
- Reprocessing reusable medical equipment
- Safe injection practices
- Point of care blood testing
- Unknown
- Not assessed
- Other (specify): _____

Making Our Education Stick

1. Define your objectives
2. Assess/identify baseline knowledge
3. Engage learners in the planning process
4. Incorporate real life concepts
5. Relate to past experience
6. Use active learning strategies
7. Make accessible to all staff

Passive Learning:

the learning absorbs information through reading, listening, or watching

- In person presentations
- eLearning presentations
- Lectures
- Videos
- Read and sign

Active Learning:

the learner is engaged in the content

- Presentations with knowledge checks or other questions throughout
- Simulation activities
- Case-studies
- Find what's wrong
- Group problem solving
- Discussion



Example: Staff in service on when to wear gown and gloves for EBP



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Define objectives

- Staff will be able to identify which activities require gown and gloves for residents needing EBP

Identify baseline knowledge

- Review PPE monitoring and observation data
- Conduct a pre-test, survey, or needs assessment

Engage learners in planning

- Pre-survey or needs assessment engages staff
- Have lead nurses or techs review content or beta test education

Incorporate real life

- For your in person in service, discuss how you apply EBP at your facility
- Incorporate scenarios with real life situations in the discussion

Relate to past experience

- Pose questions like “think about a time...”
- Ask staff to share what has and has not worked for them

Active learning

- Include scenarios for staff to decide on required PPE
- Practice donning PPE for activity, then doffing after

Accessible

- Offer education at variable times

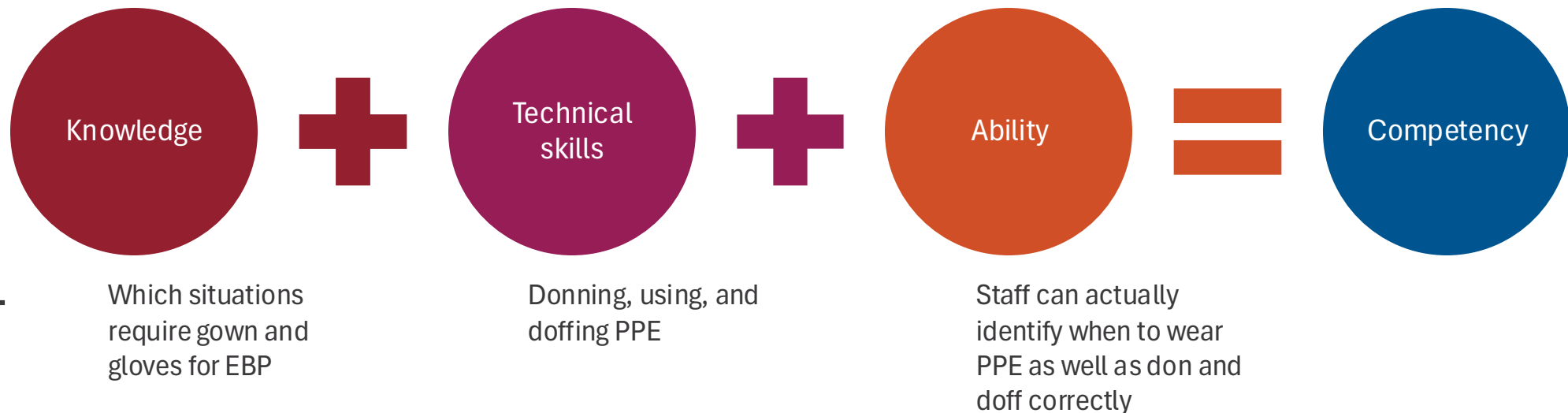
Competency Based Education

Education: The process of receiving instruction that results in gaining theoretical knowledge

Training: Focuses on gaining specific technical skills

Competency: knowledge, ability, technical skills

- Assessing competency: the process of validating that an individual has the ability to perform a task consistent with the education and training provided



Rate this education!



Read and sign document that describes the EBP process?

Using pelvic models to explain pericare, with return demonstration?

eLearning module with just slides?

eLearning module with built in questions and scenarios?

Setting up an empty room with a mannikin for staff to do a “what’s wrong with this picture” education for CAUTI prevention?

Putting out a required “EBP scenario of the month” for staff to identify the correct PPE in different situations?



Ideas for Success

eLearning module upon hire and annually

- Includes both written and verbal
- Includes scenarios for competency assessment

Incorporate hands on learning when possible

Prevent normalized deviation

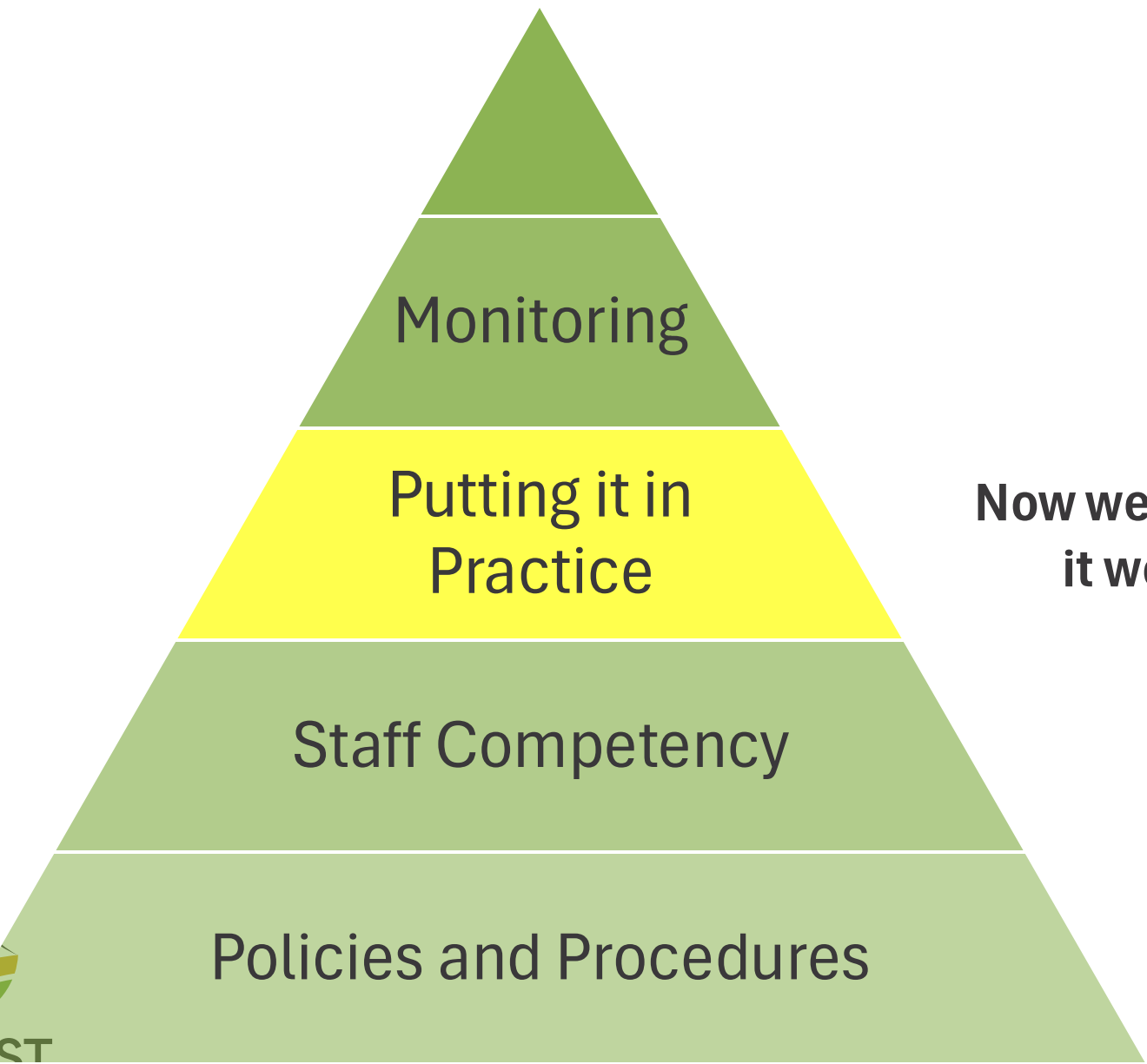
- Additional training for preceptors
- Skills check off for new hires

Reinforce

- Use job aids and visual reminders

Make sure your trainer is trained





**Now we need to make sure
it works in practice**

Human factors engineering: the application of human factors knowledge to the design and construction of equipment, products, work systems, management systems and tasks

Do you push or pull this door handle?



What about now?
And what if you're busy?



How about this one?



To make it easy, you will need to

- Understand the flow
 - Observe the physical space
 - Observe the process
 - Ask questions, seeking to understand
- Understand the barriers
 - Involve staff
 - Seek feedback
- Use the data at hand
 - Utilize monitoring data to see where processes are breaking down (coming up!)



Make it easy to do the right thing!

- Make supplies easily accessible
- Create processes that work with current flows
- Simplify processes
- Eliminate non-essential alarms
- Implement visual cues

Also make it hard to do the wrong thing...

- Remove supplies that should not be used
- Use things that are incompatible (feeding tube ports cannot connect to IVs)



Standard Precautions

Implementation ideas

Map your facility's hand sanitizers are to make sure they are available where they should be used

Only carry safety needles, eliminate the option for non-safety versions

Limit disinfection chemicals to only a couple so staff know how to use them well

Put masks at facility entrances for people to put on upon entry

Put masks in breakrooms for staff to get a new one after eating or drinking

EBP—putting it in the flow

Who	What Activities	Where EBP Occurs
Nurses, CNAs, techs (or similar role)	<ul style="list-style-type: none"> ▪ AM/PM cares: transferring, dressing, brushing teeth, shaving, combing hair ▪ Bathing/showering ▪ Changing briefs or toileting ▪ Device care ▪ Wound care 	<ul style="list-style-type: none"> ▪ In the resident's room ▪ In the shower room ▪ In the bathroom
Therapists (PT, OT, ST)	<ul style="list-style-type: none"> ▪ Transferring and close contact with therapy ▪ ADL training and assistance ▪ Wound care (if certified) 	<ul style="list-style-type: none"> ▪ In the rehab gym ▪ In the resident's room ▪ Possible need in hallway for planned therapy
Environmental Services staff	<ul style="list-style-type: none"> ▪ Changing linens ▪ Cleaning immediately around the bed (nightstand, tray table, etc.) 	<ul style="list-style-type: none"> ▪ In the resident's room

CDC FAQs: “Enhanced Barrier Precautions is primarily intended to apply to care that occurs **within a resident's room** where high-contact resident care activities, including transfers, are bundled together with other high-contact activity, such as part of morning or evening care”

Flow In the Room

Sign at the door and sign or other indication at the bed

STOP ENHANCED BARRIER PRECAUTIONS STOP
EVERYONE MUST:

- Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

- Wear gloves and a gown for the following High-Contact Resident Care Activities:
 - Dressing
 - Bathing/Showering
 - Changing Linens
 - Transferring
 - Providing Hygiene
 - Changing briefs or assisting with toileting
- Device care or use:
 - central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.



Photo courtesy of: <https://www.northlakecarecenter.com/>

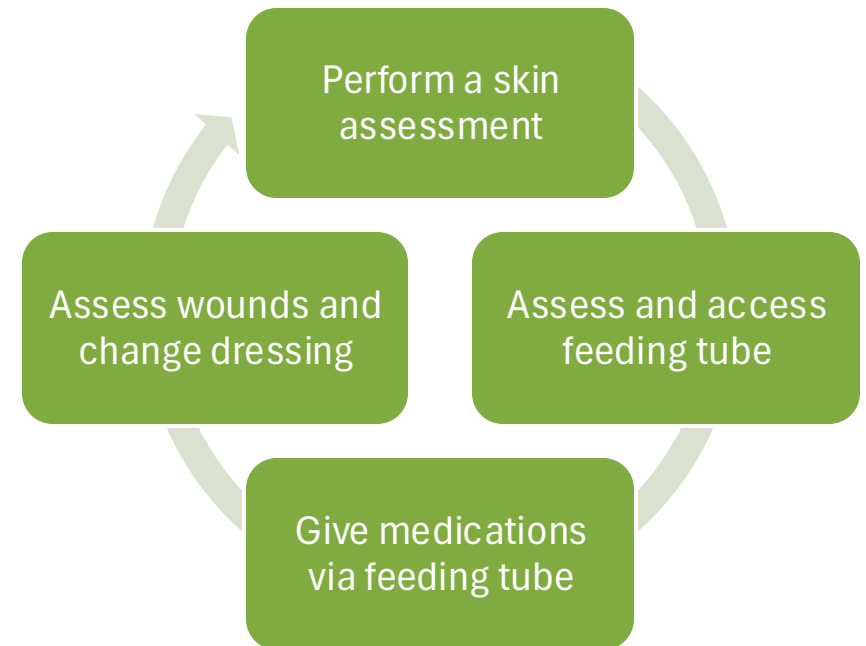
3+ feet between beds—position beds on opposite walls and/or place furniture between beds to maintain spacing



- EBP supplies a point of use
- If stored in room, protect from contamination

Flow With Device Care/Use and Wound Care

- Gown and gloves for care or use
 - Care = wound dressing changes, PICC line dressing changes, Foley care, etc.
 - Use = injecting medications, connecting tube feeds, etc.
- BEST PRACTICE is to bundle with other high contact activities
- Visual cue for process flow
- Have PPE available on wound care cart or medication cart



Transmission Based Precautions

Visual cues

PPE readily available

Restock frequently in high use areas



<https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-P.pdf>



**CONTACT
PRECAUTIONS
EVERYONE MUST:**



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



**Put on gloves before room entry.
Discard gloves before room exit.**



**Put on gown before room entry.
Discard gown before room exit.**

**Do not wear the same gown and gloves
for the care of more than one person.**

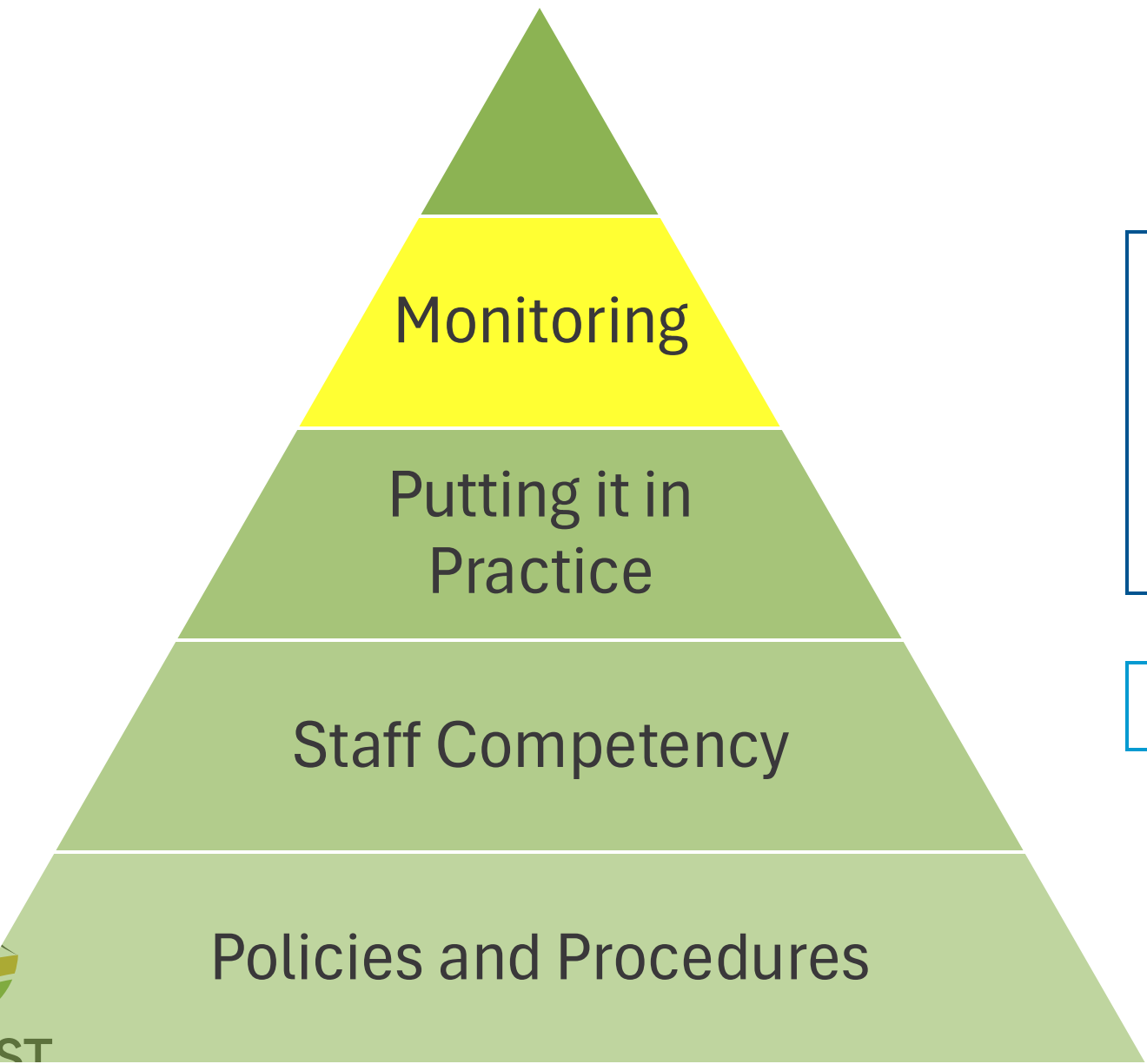


**Use dedicated or disposable equipment.
Clean and disinfect reusable equipment
before use on another person.**

C319-308149-A



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Why?

- Ensure compliance with the right process
- Can intervene BEFORE issues arise
- Celebrate successes!

Not one sized fits all

Decide *What* You will Monitor

What processes do you want to monitor? What parts of the process?

- Correct application of EBP criteria
- Correct PPE use
- Hand hygiene compliance

Use your IPC risk assessment to guide this decision

Use a Standard Tool

- [CDC EBP Observation Form](#)
- [CDC EBP Data Collection and Summary](#)
- [MDH PPE Observation Tool](#)
- [Midwest QIN QIO Audit Tracking Tool](#)

Decide *How* You will Monitor

- Paper forms
 - Long form vs checklist
- Electronic using tracer or survey tools
 - Examples: RedCap, AMP, SmartSheets, Microsoft forms, etc.

Enhanced Barrier Precautions (EBP) Implementation—Observations Tool
(For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool should be used only after you have established the use of Enhanced Barrier Precautions (EBP) in your facility (either in a unit, wing, or entire facility), and can be customized to meet the needs of the skilled nursing facility/nursing home. This tool is designed to support the conducting of observations of healthcare personnel (HCP) using EPB during high-contact resident care activities as a part of auditing and feedback. Responses should refer to current practices.

Facility Name: _____

Date of Assessment: _____

Observations

In general, these observations should be conducted covertly (i.e., HCP are not aware of the observation). The observer should collect information on as many EBP practices as feasible across a variety of HCP types and care units. While the observer should aim to assess as many of the listed elements as possible, the observer should not be limited to only observing a HCP don (put on) but not doff (take off) personal protective equipment. The tool is designed to collect information on overall EBP practices in a facility.

1. Title or role of person conducting observation

- Nurse (RN, LVN, LPN)
- Nurse—Unit manager or above
- Nurse Practitioner/Physician Assistant (NP/PA)
- Wound care staff
- Administrative staff
- Student (nurse, physician, other)
- Certified Nursing Assistant/Patient Care Associate/Patient Care Technician (CNA)
- Physician
- Infection Preventionist
- Housekeeping/Environmental Services Staff
- Other, please specify: _____

2. Specify, as applicable, where the EBP observation occurred

- Unit: _____
- Room: _____
- Bed identification (ex. A, B, 1, 2) if multiple beds per room: _____

3. Criteria for the use of EBP (Select all that apply)

- Wound
- Indwelling medical device—Type:
 - Central line/Peripherally inserted central catheter (PICC)
 - Urinary catheter

EBP Monitoring

Use this for EBP observations. Complete one form per observation

1. EBP Observation Location

- East Wing
- West Wing
- Rehab Gym

2. Room number

Enter your answer

3. Criteria for use of EBP

- Wound
- Indwelling device
- MDRO

Who Will Monitor

Share the love!

- Share between infection prevention, leadership, and frontline benefits
- Responsibility doesn't become overwhelming for one person
- Different people see different things
- Reinforces the process for anyone who monitors
- Helps keep frontline staff engaged (supports high performers)

All observers *MUST* be trained

Monitoring Should Be Both Data Collection and Intervention

Data Collection

Helps you see trends over time

Identifies where education is needed

Identifies potential barriers

Real Time Intervention

Protects residents now

Provides personal feedback for behavior modification

Remember to be non-judgement and seek to understand



Targeted Monitoring Plan Example

Monitoring plan

Purpose:	To ensure compliance with EBP across our facility To identify and address concerns and barriers in a timely manner
Tool	The CDC EBP observation form
Frequency	10 observations per month
Responsibility	Unit leaders will each complete 1 per month, and infection prevention will complete the remaining 3
Data collection	All completed forms will be turned into the infection preventionist no later than the last day of the month. The infection preventionist will aggregate the data and share it with leaders monthly, and at the quality committee quarterly.



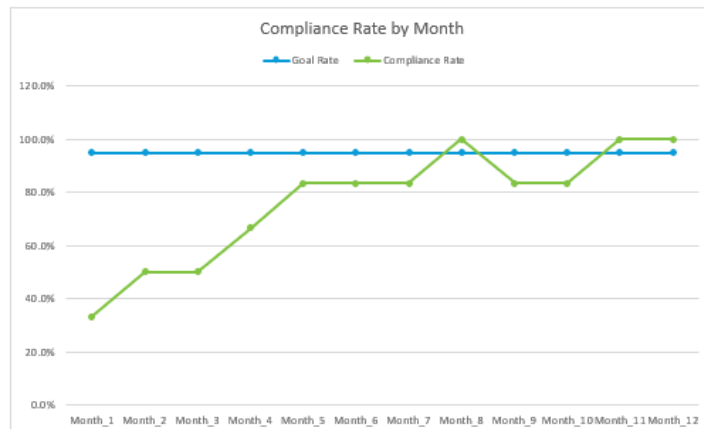
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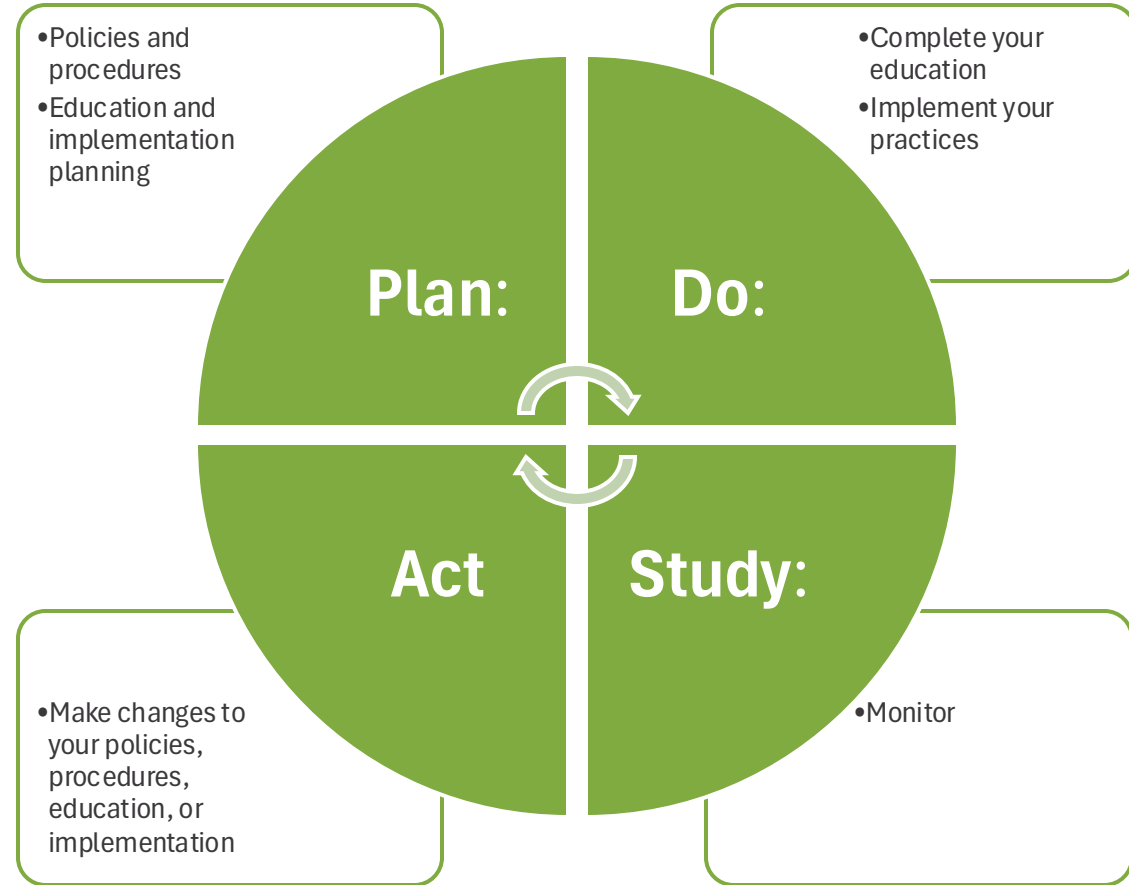
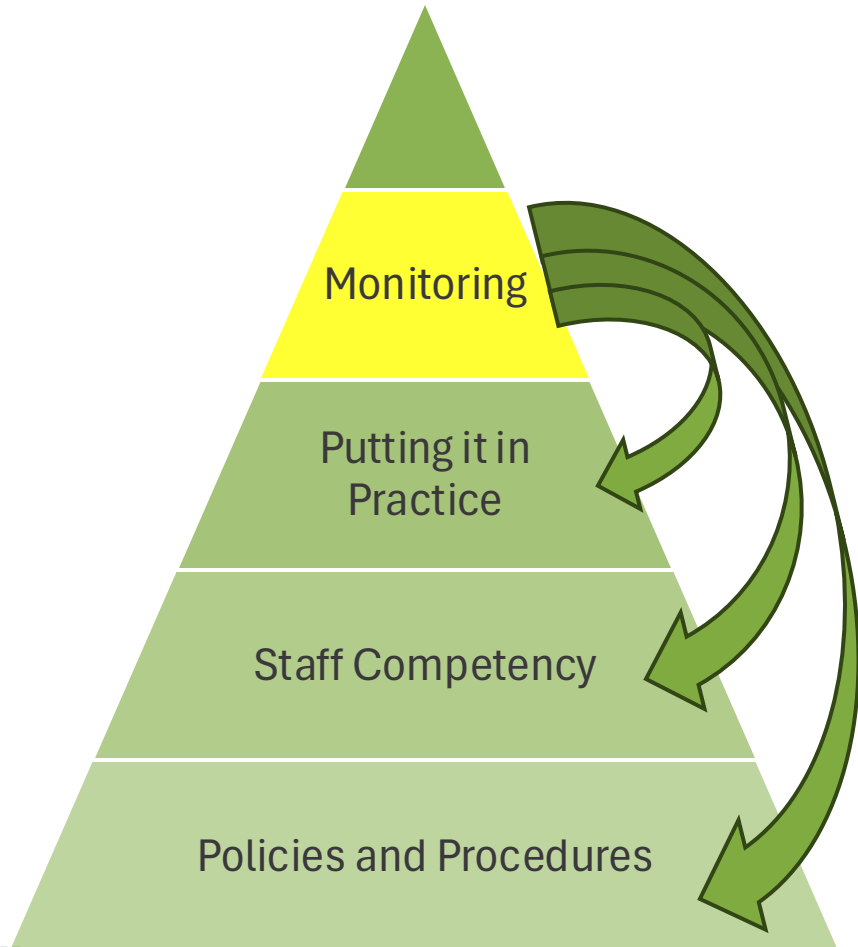
Month_1

Audit Information Fields				Tracking Fields				
Enter the details for each audit in these columns.				These tracking fields will auto-populate based on information entered on the Instructions sheet. You may hide columns if unused/blank. Use th				
Job/Role of Employee Observed (use dropdown)	Audit Date (mm/dd/yyyy)	Location of Observation (e.g., Room #, Unit)	Time of Observation (use dropdown)	Hand hygiene BEFORE activity	Gown used	Gloves used	PPE discarded after use	Hand hygiene AFTER activity
Licensed Practical Nurse (LPN)	1/3/2026	1E		No	Yes	Yes	Yes	Yes
Registered Nurse (RN)	1/7/2026	1E		Yes	Yes	Yes	Yes	Yes
Certified Nursing Assistant (CNA)	1/7/2026	1E		Yes	No	No	No	Yes
Certified Nursing Assistant (CNA)	1/15/2026	1E		Yes	Yes	Yes	Yes	Yes
Registered Nurse (RN)	1/22/2023	1E		Yes	No	No	No	Yes
Certified Nursing Assistant (CNA)	1/25/2026	1E		No	No	No	No	Yes

Reporting Month		Month_1	Month_2	Month_3	Month_4	Month_5	Month_6	Month_7	Month_8	Month_9	Month_10	Month_11	Month_12
		Month_1	Month_2	Month_3	Month_4	Month_5	Month_6	Month_7	Month_8	Month_9	Month_10	Month_11	Month_12
Compliance	# of Audits Conducted	6	6	6	6	6	6	6	6	6	6	6	6
	# of Compliant Audits (No Missed Opportunities)	2	3	3	4	5	5	5	6	5	5	6	6
	# of Completed Activities	19	25	25	28	29	29	29	30	29	28	30	30
	Average # of Completed Activities Per Audit	3.17	4.17	4.17	4.67	4.83	4.83	4.83	5.00	4.83	4.67	5.00	5.00
	# of Missed Opportunities	11	5	5	2	1	1	1	0	1	2	0	0
	Average # of Missed Opportunities Per Audit	1.83	0.83	0.83	0.33	0.17	0.17	0.17		0.17	0.33		
	Compliance Rate	33.3%	50.0%	50.0%	66.7%	83.3%	83.3%	83.3%	100.0%	83.3%	83.3%	100.0%	100.0%



Putting it all together





Support from the Midwest QIN QIO

- **Resources available** at <https://midwestcmsqinqio.com/>
 - Quality Improvement tools: PDSA, RCA, audit tracking
 - Infection Prevention tools: Monitoring forms, audit tools
- **Individual support**—reach out to your quality improvement advisor
 - Assistance with quality tools
 - ICAR support
 - Infection prevention training
- **Educational opportunities**
 - Nursing Home Prevent and Protect Series monthly (register on our event page <https://midwestcmsqinqio.com/events/>)



Additional Resources

- [Standard Precautions](#)
- [Transmission-Based Precautions](#)
- [Enhanced Barrier Precautions](#)
 - [EBP FAQs](#)
- [CDC ICAR Tools](#)



Questions?



Thank you!

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