Action Plan Worksheet

Reducing Rehospitalizations for Residents with a

Diagnosis of Clostridioides difficile infection (CDI)

# How to Use

Use this worksheet to identify and implement actions to reduce 30-day hospitalizations for residents with a diagnosis of CDI. Note that the items in each column are suggestions. Choose actions and measures specific to the root cause(s) of rehospitalizations in your home. Resources to assist in planning and implementation are included in this worksheet.

# Resources

The following resources were created or curated by Superior Health Quality Alliance (Superior Health).

1. **Infection Prevention and Control (IPC) Education Resources:**
   * [Infection Prevention and Control Resources](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources/)
   * [Front Line Forces](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/), short on-demand learning modules and resources for direct care staff.
2. **CDI Education Resource:**
   * [Front Line Forces: Clostridioides Difficile (CDI)](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/cdi/)
3. **IPC Audit/Observation Resources:** 
   * [Infection Prevention and Control Resources: Environmental Services](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-environmental-services/)
   * [Infection Prevention and Control Resources: Hand Hygiene](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-hand-hygiene/)
   * [Infection Prevention and Control Resources: Personal Protective Equipment](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-ppe/)
4. **Antibiotic Safety Resource:** 
   * [Infection Prevention and Control Resources: Antibiotic Stewardship](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-antibiotic-stewardship/)
5. **Change of Condition Resource:** 
   * [Front Line Forces: Change in Condition](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/change-in-condition/)

# Action Plan

| **Goal:  What are we trying to accomplish?** | **What specific actions can we make to reach our goal?** | **Who is responsible?** | **When will the work be completed?** | **Measure: What can we measure to show the actions lead to an improvement?** |
| --- | --- | --- | --- | --- |
| **Decrease the rate of 30-day rehospitalizations for residents with a diagnosis of CDI.**  **Current rate: \_\_\_\_\_\_**  **Goal rate: \_\_\_\_\_\_\_\_** | Provide infection prevention and control education to all direct care staff (licensed staff, nursing assistants, environmental services, dietary) at hire, annually, and as needed. |  | Ongoing | **Rate of direct care staff up to date with IPC training each month.**  **Numerator** = Number of direct care staff who have completed IPC training at hire and at least annually each month.  **Denominator** = Total number of direct care staff each month. |
|  | Ensure all direct care staff are adhering to correct infection prevention and control processes via observation, audits, and/or staff competencies. |  | Ongoing | **Rate of direct care staff adhering to correct IPC processes each month.**  **Numerator** = Number of direct care staff adhering to correct IPC processes (per observations, audits, and/or competencies) each month.  **Denominator** = Total number of direct care staff each month. |
|  | Provide education to all direct care staff on strategies to prevent CDI, identify high risk populations and symptoms of CDI/early recognition. |  | Ongoing | **Rate of direct care staff up to date with CDI education each month.**  **Numerator** = Number of direct care staff who have completed CDI education at hire and at least annually each.  **Denominator** = Total number of direct care staff each month. |
|  | Use an evidence- based criteria to ensure that antibiotics are being used appropriately. |  | Ongoing | **Rate of appropriate use of antibiotics each month.**  **Numerator** = The number of antibiotics prescribed appropriately each month.  **Denominator** = The total number of antibiotics prescribed each month. |
|  | Monitor residents prescribed antibiotics for CDI symptoms for 10 days after completion of antibiotic. |  | Ongoing | **Rate of residents currently taking antibiotics.**  **Numerator** = The number of residents taking antibiotics.  **Denominator** =The total number of residents. |
|  | Ensure nursing assistants inform licensed staff timely of resident changes of condition. |  | Ongoing | **Rate of rehospitalizations where nursing assistant timely change of condition communication was not a contributing factor each month.**  **Numerator** = Number of hospitalizations each month where nursing assistant timely change of condition communication was not a contributing factor.  **Denominator** = Total number of 30-day rehospitalizations each month. |
|  | Ensure licensed staff inform clinicians timely of resident changes of condition. |  | Ongoing | **Rate of rehospitalizations where licensed staff timely change of condition communication was not a contributing factor each month.**  **Numerator** = Number of hospitalizations each month where licensed staff timely change of condition communication was not a contributing factor  **Denominator** = Total number of 30-day rehospitalizations each month. |

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| **Goal:  What are we trying to accomplish?** | **What specific actions can we make to reach our goal?** | **Who is responsible?** | **When will the work be completed?** | **Measure: What can we measure to show the actions lead to an improvement?** |
|  | Using current guidelines, provide residents with a diagnosis of CDI with treatments and/or medications as directed by the clinician. |  | Ongoing | **Rate of eligible residents who received treatment and/or medications for CDI each month.**  **Numerator** = Number of eligible residents who received treatment and/or medications for CDI each month.  **Denominator** = Total number of residents who were eligible for CDI treatment and/or medications each month. |
|  | Assess and communicate to staff and clinicians the clinical capabilities your home is able to safely provide. |  | Quarterly | **Clinical capabilities of your home are documented and made available to licensed staff and clinicians.** |
|  | Track CDI 30-day rehospitalization rates and share at Quality Assessment and Assurance (QAA) Quality Assurance and Performance Improvement (QAPI) meetings. |  | Monthly | **Rate of 30-day rehospitalizations for residents with a diagnosis of CDI each month.**  **Numerator** = Number of residents each month with a diagnosis of CDI who were re-hospitalized within 30-days of being hospitalized with CDI.  **Denominator** = Total number of residents each month who are hospitalized with a diagnosis of CDI. |