

Case Study and Questions

During a recent Infection Control survey, surveyors observed a certified nursing assistant (CNA) approach a sink on the East Hall, CNA using her left-hand dispensed soap into the left hand (without rinsing hands first), with right hand turned faucet on, and then began soaping hands first. After CNA dried her hands, when asked about the sequence of soaping before rinsing hands, CNA replied, "I was a little distracted".

- ▶ How would you handle this situation – how would you address this citation of deficiency?



Performance Improvement Project (PIP) Guide



Start Date	Review Date(s)	Complete Date	PIP Squad Members
12/1/2020	12/15/2020	12/31/2020	1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text.
Project Leader Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	
Key Area for Improvement Hand hygiene	Hand hygiene will be done with ABHR when staff enter and exit resident's room, with a goal of 90% compliance as evidenced by monthly audits by December 31, 2020.		
Goal: Specific Measurable Action-Oriented Realistic Time Bound			
What is the Root Cause(s) for the problem? Ask 'Why is this happening?' 5 times. If you removed the root cause, would this event have been prevented?			
New staff members & travel staff not adequately trained – WHY? <ul style="list-style-type: none"> • Why aren't new staff members & travel staff not adequately trained? • What is missing in their training? • What needs to be added to ensure that they are properly trained? • How will we know that they are properly trained? 			
Barriers:			

Brainstorm possible solutions and start your PDSA [PLAN DO STUDY ACT] Cycle - see page 2

Do teach-back exercises to assure understanding
 Provide for best practice educational resources, for example, CDC hand hygiene videos, QSEP trainings
 Provide for signage & visual reminders to do hand hygiene
 Do just-in-time education – asking if staff member has ready access to ABHR (& if not, what can we do?); re-educate on gaps in procedure immediately

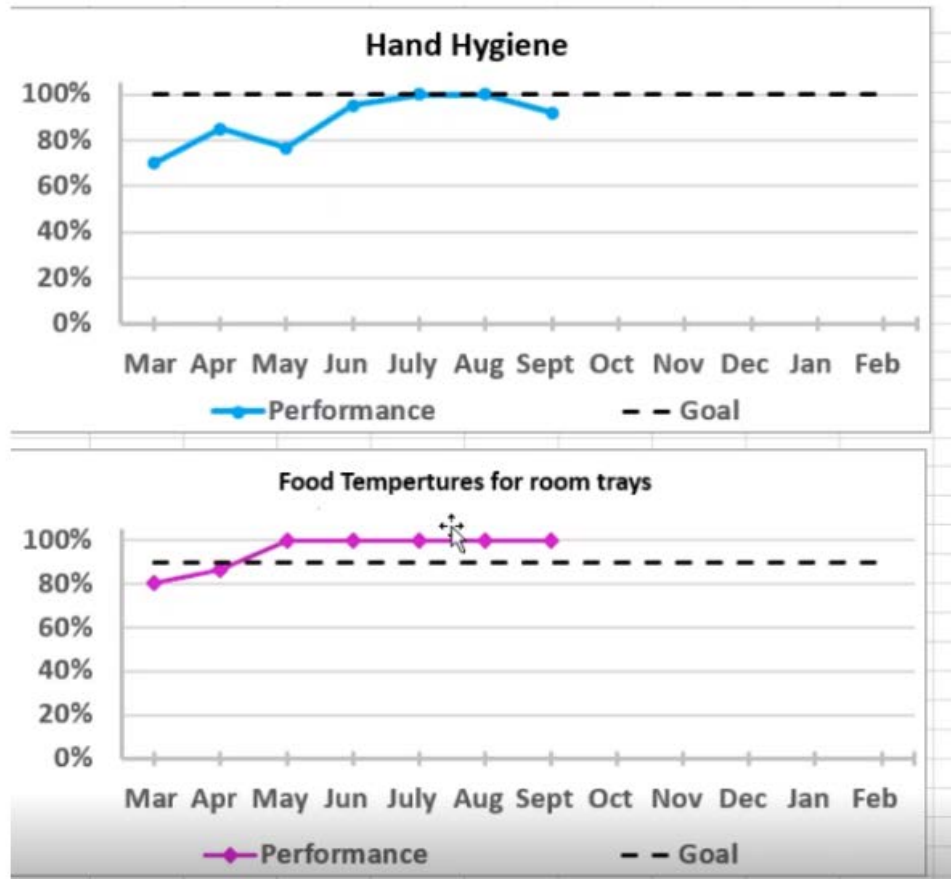
Plan	Do			Study and Act	
List the tasks to be done	Responsible Team Member	Start Date	Actual Completion Date	Comments/Lessons Learned	Adopt/Adapt/Abandon
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	Study and Act				
Benchmarks/metrics [how will we measure progress?]	Baseline Date	First Measurement Date	Second Measurement Date	Final Measurement Date	Comments
Hand hygiene audits (see performance tracker)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

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If your auditing results fall below your set monthly goal, document what mitigation tactics were done to ensure goal will be met the following month.

Indicator	Month Below Goal	Mitigation Tactic	Date Completed
Hand Hygiene	March	Education done at staff inservice by reviewing facility's hand hygiene protocol and watching the CDC's Clean hands video	April 10, 2020
	April	1:1 just in time education when audit being completed with staff member	During month of April
	May	RCA done-results ABHS was not properly located-individual ABHS bottles provided to staff. ☹️	June 6, 2020
Food Temps	June	The two staff that didn't pass did not have their bottle ABHS on their person. Gave these two staff members another bottle and placed signs at the nursing stations, computer stations, break rooms and bathrooms to remind staff to have	at time of observation
	March	Temperature increased in the tray cart by 5 degrees	April 5, 2020
	April	RCA completed-Found that thermometer in the tray cart was not accurate-thermometer replaced	April 29, 2020
Protocol followed for hypoglycemia	March	Provided review to all staff on what the facility's procedure is for hypoglycemia	April 5, 2020
	April	Review of the protocol provided to the MA that did not follow protocol correctly	April 27, 2020
	May	Traveling nurse did not know what the hypoglycemia protocol was for the facility--Protocol provided to her and the protocol will be included in the	May 15, 2020



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